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The information and policies contained in this handbook apply to students in the University Program of the Case Western Reserve University School of Medicine. College Program students enrolled in the Cleveland Clinic Lerner College of Medicine (CCLCM) are referred to that institution's handbook. College Program students are covered by the general policies of Case Western Reserve University which apply to all students at the University.

This publication has the limited purpose of providing information concerning the programs of the Case Western Reserve University School of Medicine. This publication should not be construed as an offer or contract between the University and any person. The University has the right to amend, add, or delete any information in this publication, including any course of study, program fee or regulation of the University. **Policies and regulations listed in this Handbook are subject to change at any time throughout the academic year.** Announcements of such changes are made on a routine basis within the University and the School of Medicine.

Matters affecting the academic and personal well-being of medical students in all phases of the MD program are the responsibility of Patricia Thomas, MD, FACP, Vice Dean for Medical Education; Charles Kent Smith, MD, Senior Associate Dean for Students; Robert L. Haynie, MD, PhD, Associate Dean for Student Affairs; and Assistant Deans for Student Societies: Lynda G. Montgomery, MD, MEd, and Steven Ricanati, MD. Their staffs are prepared to assist students in a wide range of services including counseling, advising, and academic support. Further information regarding policies, programs, and support services can be found at the following sites:

- [School of Medicine Office of Student Affairs](#)
- [School of Medicine Office of the Registrar](#)
- [CWRU Undergraduate Handbook](#)

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Statement of Ethics

Universities seek to preserve, disseminate, and advance knowledge. At Case Western Reserve University, as elsewhere, we recognize that the ability to fulfill these purposes requires a norm of expected conduct shared by all in the University community and governed by truthfulness, openness to new ideas, and consideration for the individual rights of others, including the right to hold and express opinions different from our own.

The University's mission rests on the premise of intellectual honesty in the classroom, the laboratory, the office, and the solitary examination desk. Without a prevailing ethic of honor and integrity, not only in scientific pursuits, but in all scholarly activity, the very search for knowledge is impaired. In these respects, each of us – especially, but not exclusively, faculty – must regard oneself as a mentor for others.

These principles which we strive to uphold make it possible for the larger society to place trust in the degrees we confer, the research we produce, the scholarship we represent and disseminate, and the critical assessments we make of the performance of students and faculty, as well as judgments of staff and administrators.

To safeguard the standards on which we all depend, each of us must therefore accept individual responsibility for our behavior and our work, and refrain from taking credit for the work of others.

The culture of a university also requires that the rights of all be protected, particularly by those entrusted with authority for judgment of the work of others.

The University, being a human community, is subject to human failings, ambiguities, and errors. It is therefore the responsibility of the bodies regulating the affairs of faculty, students, and staff to maintain processes for judging and resolving instances where these principles may have been violated. However, all such systems depend for their effectiveness, in turn, on the acceptance of common norms of conduct – the ties of trust which bind the University community together.

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Teacher-Learner Relationship

Expectations of Faculty and Students in the Teacher-Learner Relationship in the CWRU School of Medicine

An underlying principle of the medical school is that students and faculty will work together as partners to ensure that every student achieves his/her fullest potential and succeeds in the educational program. We as faculty - physicians, researchers, residents, fellows, and other health care and research professionals - are committed to treating our students as our professional colleagues who, like faculty members, will exercise privileges and responsibilities throughout their education.

We expect students and faculty to demonstrate respect for others by upholding a classroom atmosphere conducive to learning, interacting in a considerate and cooperative manner with other students and faculty, judging colleagues fairly, and attempting to resolve conflicts with respect for the dignity of others. We expect students and faculty to neither practice nor tolerate discrimination on the basis of race, gender, religion, sexual orientation, age, disability, or socioeconomic status.

We expect students and faculty to demonstrate responsibility by striving for excellence and professional growth, by recognizing their own limitations and seeking help when needed, by avoiding the use of alcohol and other drugs in a way that could interfere with clinical or educational responsibilities, by seeking frequent constructive feedback on their interactions with one another, and by conducting themselves professionally at all times in demeanor, language and appearance in the classroom, with patients, and in health care settings.

We expect faculty to commit their time and effort to ensure appropriate delivery of an interactive curriculum. We expect students to attend all sessions for their own learning, to enhance the learning environment for their peers, and out of respect for faculty effort.

Attentive to fiduciary responsibilities, we expect faculty, residents, and students to demonstrate professional concern by challenging each other in the teacher-learner relationship, as well as patient-doctor relationship, without abuse, humiliation or harassment of any kind, by not exploiting a relationship for personal gain or advantage, and by demonstrating the highest standards of ethical conduct in all educational settings.

Harassment policies are discussed at new student orientation and again prior to starting clerkships. **If a student feels that he or she has been harassed or mistreated, we urge the student to discuss their concerns as soon as possible through one of the options detailed below.**

Students should bring the matter to the attention of their Society Dean, or, because the deans are a group practice, students may choose to speak to the dean of another society if they feel more comfortable doing so.

Alternatively, students have the option of contacting Dr. Patricia Thomas, School of Medicine Vice Dean for Medical Education, pat30@case.edu, or G. Dean Patterson, Jr., Associate Vice President of the University Office for Student Affairs. The University Student Affairs office is not part of the medical school administration. Students can e-mail Mr. Patterson at gdp2@case.edu or call the office at 216.368.2020 to make an appointment. The office is located at 110 Adelbert Hall on Adelbert Road.

Students on clerkships can choose any of the options above, or they can contact Carol Chalkley, cab26@case.edu, Clinical Curriculum Administrative Director.

Student confidentiality is protected during any ensuing investigations conducted by either the School of Medicine or the University. Students who allege mistreatment are not identified without their permission.

Additional information about policies and mechanisms for anonymous reporting of harassment or other professional misconduct can be accessed on these sites:

<http://www.case.edu/president/audit/hotline.htm>

<https://www.caseintegrityhotline.com>

Also see:

[Sexual Conduct at CWRU](#)

The University's Interim Policy on Sexual Misconduct as reported in *the daily* on August 18, 2013:

[Announcement](#)

[Interim Policy](#)

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Technical Standards

As outlined below in the School of Medicine's Specific Standards for student admission, each medical student must possess sufficient use of sensory faculties to acquire and assimilate relevant information, the capacity to learn, evaluate, and utilize information in a stable, predictable, and responsible way, and the other motor skills necessary to carry out responsibilities. A disability does not preclude a student from admission or progression, and the Medical School makes reasonable accommodations for students with documented disabilities. However, each enrolled student is expected to demonstrate, without unreasonable dependence on technology or intermediaries, the skills, attributes, and qualities set forth in the specific standards for student admission.

In any case in which a medical student appears unable to meet the technical standards set forth in the specific standards for admission, the student's entire folder and current functioning in all areas of technical skills assessment are formally reviewed by the Admissions Committee and/or the [Committee on Students](#). Additional information may be sought if deemed necessary by either committee.

Specific Standards

In addition to documented academic ability and other relevant personal characteristics, the Case Western Reserve University School of Medicine expects all applicants for admission to possess and be able to demonstrate the skills, attributes, and qualities set forth below, without unreasonable dependence on technology or intermediaries.

- **Physical Health**
A medical student must possess the physical health and stamina needed to carry out the program of medical education.
- **Intellectual Skills**
A medical student must have sufficient powers of intellect to acquire, assimilate, integrate, and apply information. A medical student must have the intellectual ability to solve problems. A medical student must possess the ability to comprehend three-dimensional and spatial relationships.
- **Motor Skills**
A medical student must have sufficient use of motor skills to carry out all necessary procedures, both those involved in learning the fundamental sciences and those required in hospital and clinical environments. This includes the ability to participate in relevant educational exercises and to extract information from written sources.
- **Communication**
A medical student must have sufficient use of speech, hearing, and vision to communicate effectively with patients, teachers, and peers in both oral and written forms.

■ **Sensory Abilities**

A medical student must have sufficient use of the senses of vision, hearing, touch, and smell to observe effectively in the classroom, laboratory, and clinical setting. Students must possess the ability to observe both close at hand and at a distance.

■ **Behavioral Qualities**

A medical student must possess emotional health sufficient to carry out the tasks above, must have good judgment, and must behave in a professional, reliable, mature, and responsible manner. A medical student must be adaptable, possessing sufficient flexibility to function in new and stressful environments. A medical student must have appropriate motivation, integrity, compassion, and a genuine interest in caring for others regardless of gender, sexual orientation, cultural and ethnic background, socio-economic status, religious affiliation and age.

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Offices of the Dean and Vice Deans

Office of the Dean

BRB, Room 113

216.368.2002

Pamela B. Davis, MD, PhD, Dean, School of Medicine and Vice President for Medical Affairs, is responsible administratively for all activities of the School of Medicine including academic, student, and faculty affairs. She serves *ex officio* on all student-related faculty committees.

Office of Medical Education

SOM, Room T-204

216.368.1948

Patricia Thomas, MD, FACP, Vice Dean for Medical Education, is responsible administratively for all medical education activities of the School of Medicine.

Office of Research Administration

BRB, Room 930

216.368.4406

Mark R. Chance, PhD, Vice Dean for Research in the School of Medicine, is responsible administratively for overseeing the Office of Medical Student Research whose mission is to facilitate opportunities for University medical students to develop their interests in research and scholarship.

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Office of Student Affairs and the Academic Societies

Upon matriculation to the CWRU School of Medicine, all students are randomized into one of four Academic Societies that are named after important people in the history of the medical school. The Academic Societies are led by Society Deans who serve as advisors and mentors, helping students navigate the curriculum and providing students with advice and support for residency and career planning. The Society Deans function in a group practice model and are available 24/7. Students work primarily with their Society Dean, but are encouraged to use the resources of all four deans. The Societies aim to foster close relationships and a sense of community among students.

Also see [The Academic Societies of the School of Medicine](#)

The Society Deans

Robert Haynie, MD, PhD, Associate Dean for Student Affairs; Dean of the Robbins Society

Lynda Montgomery, MD, MEd, Assistant Dean for Student Societies; Dean of the Blackwell-McKinley Society

Steven Ricanati, MD, Assistant Dean for Student Societies; Dean of the Wearn Society

Charles Kent Smith, MD, Senior Associate Dean for Students; Dean of the Satcher Society

Office Support Staff

Molly Gillahan

Room E421 | Phone: 216.368.3164 | Email: mag167@case.edu

Ms. Gillahan is the Department Assistant for the Office of the Academic Societies. Ms. Gillahan provides direct administrative support to the office, assists with student issues, and coordinates the schedules of Drs. Kent Smith, Lynda Montgomery, and Steven Ricanati.

Sylvia Hart

Room E423 | Phone: 216.368.2212 | Email: svh@case.edu

Ms. Hart is the Department Assistant for the Office of Student Affairs. Ms. Hart provides direct administrative support to the office, coordinates the schedule of Dr. Robert Haynie, coordinates the Graduation Awards program, and assists with student issues.

Jennifer Hawkins

Room E421 | Phone: 216.368.3442 | Email: jxh14@case.edu

Ms. Hawkins is the Financial Administrator for the Office of Education and Academic Affairs and the Office of Student Affairs and the Academic Societies. Ms. Hawkins also oversees the budgets of student organizations and processes student activity fund requests.

Richard Masley

Room E421 | Phone: 216.368.2485 | Email: ram5@case.edu

Mr. Masley is the Manager of Facility Support for the Office of Student Affairs and the Academic Societies. Mr. Masley provides facility support to medical students, faculty, and staff, including lockers, desks, and tables. He also serves as the Maintenance Department contact person. All student requests for table or chair set-up and AV assistance should be e-mailed directly to Mr. Masley.

Una Surace

Room E423 | Phone: 216.368.2831 | Email: ums1@case.edu

Ms. Surace is the Coordinator for the Office of Student Affairs and the Academic Societies. Ms. Surace is responsible for the planning and management of events and activities scheduled by this office. Ms. Surace maintains the Student Affairs website and the Student Handbook, coordinates the Alpha of Ohio Chapter of AOA, assists with student-related issues, and serves as a liaison between the Society Deans, students, and faculty.

Other Offices managed by the Office of Student Affairs and the Academic Societies

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Office of Multicultural Programs

Joseph T. Williams, MPA, is the Director of the Office of Multicultural Programs. This office provides a wide range of student support, and all students are welcome. Mr. Williams' primary responsibilities are the recruitment, development, and support of minority and disadvantaged medical and premedical students.

Felicite Chatel-Katz, MA, is the Program Coordinator for the Office of Multicultural Programs. Ms. Chatel-Katz is responsible for the planning and coordination of all activities and events scheduled by that office.

The Office of Multicultural Programs manages the following programs:

The Summer Medical & Dental Education Program: a summer institute designed to prepare minority and disadvantaged undergraduates for successful admission to medical and dental school.

The National Institutes of Health Short-Term Training Program for minority and disadvantaged medical and undergraduate students: a grant which supports summer research experiences for students.


The Office of Multicultural Programs operates under the umbrella of the Office of Student Affairs and the Academic Societies.

- **Student Affairs Office, Room E421**
216.368.1914
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Office of the Registrar

The Office of the Registrar maintains a permanent academic record for every student. The office is responsible for registering each student in the School of Medicine and for processing elective and clerkship registrations and add/drops, as well as performance evaluations. In addition, the office is responsible for maintaining the accuracy and integrity of student records and providing appropriate data to further the educational process of the School.

The Office of the Registrar maintains an up-to-date name and address file for each student and also provides official academic transcripts. The Registrar's Office provides, by student request, letters of good standing for all four years, written verification for insurance purposes, as well as the completion of student loan deferment forms. The Office coordinates Years 1 – 4 clinical electives, fourth-year students who wish to participate in clinical rotations at other medical schools, and visiting students from other medical schools. The Office of the Registrar also helps fourth-year students register for the Match through ERAS. Additionally, graduates needing letters of recommendation, statements of attendance for licensing, transcripts or credentialing should contact the Office of the Registrar in order to obtain the necessary materials.

The Registrar's Office has a very close working relationship with the Curricular Affairs Office, Admissions Office, medical education offices of our affiliated hospitals, and the Student Affairs Offices of the university and the School of Medicine.

The Office of the Registrar operates under the umbrella of the Office of Student Affairs and the Academic Societies.

Staff

- **Siu Yan Scott**, Registrar
- **Laura Adams**, Assistant Registrar

Information

- **Room T408**
216.368.6137
som-registrar@case.edu

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Office of Medical Student Research

Experiences in research and scholarship are required for all MD students. The Office of Medical Student Research guides students to research opportunities and helps facilitate the research and scholarship component of the curriculum. This office is responsible for coordinating all research activities for MD students, including the elective summer research opportunities, the required 4-month research block, research electives, and opportunities for an additional year of research for those students interested in pursuing more research training. Mentored research experiences are the primary format through which students develop their interests and fulfill the research and scholarship requirements, including the medical thesis. Students are encouraged to identify and pursue their interests in any aspect of biomedical or social/behavioral aspect of research and are provided guidance and supervision through this office. This office also coordinates the review committee for submissions to the annual AOA Carolyn L. Kuckein Student Research Fellowship.

The Office of Medical Student Research operates under the umbrella of the Office of Student Affairs and the Academic Societies.

Information:

- Sharon Callahan, MPA, Administrative Director for the Office of Medical Student Research.

Student Affairs Office, Room E421
216.368.6972
slc17@case.edu

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Office of Academic Advising: Consult Services Program

Program Advisor: Dr. Steven Ricanati,

Assistant Dean for Students, Office of Student Affairs and the Academic Societies

The School of Medicine Consult Services Program has been developed to provide medical students with the opportunity for learning assistance outside of class.

Study Tables is a devoted weekly time for students to come in with questions or to work through assignments. Topics may vary and can include study tips, board prep, class assignments, and general topic review. Students should come with specific questions when possible, but group learning is also promoted, and students should feel welcome to come work on assignments at the Study Tables, asking for assistance as needed.

The sessions are designed to meet the needs of 1st- and 2nd-year medical students and can be modified to fit the content currently being covered. Study Tables sessions provide a content expert for block materials as well as for structure (anatomy). This student-run organization works directly with the academic

deans to be certain that students are receiving the assistance they need when they need it. Consult Services leaders keep first- and second-year students updated by e-mailing Study Table reminders and announcements on a regular basis.

Time-Management and Study Skills Counseling is an additional resource of the Consult Services Program. Ms. Judith Olson-Hammer, Director of the CWRU Educational services for Students (ESS), meets with medical students to discuss strategies for time-management, studying, and note-taking relevant to our problem-based curriculum. Ms. Olson-Hammer has several designated appointment slots each week at the School of Medicine from early September through the end of April. Alternatively, students can make an appointment to see Ms. Olson-Hammer at her office in Sears 470 (on the quad) by calling 216.368.5230 or by e-mailing her at jko2@case.edu.

The Office of Academic Advising operates under the umbrella of the Office of Student Affairs and the Academic Societies.

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Curriculum Leadership and the Office of Curricular Affairs (OCA)

Curriculum Leadership

- **Patricia A. Thomas, MD, FACP**
Vice Dean for Medical Education
216.368.1948
pat30@case.edu
- **Amy Wilson-Delfosse, PhD**
Assistant Dean for Basic Science Education
216.368.3494
axw41@case.edu
- **Susan Padrino, MD**
Assistant Dean for Clinical Sciences
216.368.5189
susan.padrino@uhhospitals.org

- **Megan McNamara, MD**
Director of Student Assessment and Program Evaluation
216.368.4983
mxm700@case.edu

Office of Curricular Affairs

The stated purpose of the Office of Curricular Affairs (OCA) is to oversee and support curriculum development and implementation, curriculum evaluation and outcomes assessment, faculty development programs, and resources management related to these activities. The mission of the OCA is to build a collaboration of faculty, staff and students that is committed to the development and support of teaching and learning at the Case Western Reserve University School of Medicine.

To accomplish this mission, the OCA has the following goals:

1. Providing leadership and collaborating with faculty, staff and students to plan, implement, enrich and revise the curriculum.
2. Providing educational support services to facilitate the planning and delivery of the ongoing basic science and clinical instructional activities.
3. Developing and implementing programs to assess learners and evaluate educational activities that will provide valid, reliable and useful data on the processes and outcomes of teaching and learning.
4. Creating and implementing opportunities for teacher – learner development that will build educational excellence.
5. Seeking opportunities to work with faculty and students on educational scholarship and research about methods, assessment, teaching and learning in medical education and supporting the dissemination of findings at both local and national levels.
6. Building a communication network among faculty, staff and students to enhance the sharing of best practices and the commitment to quality improvement.
7. Providing support and expertise for seeking external funds to enable the piloting and development of educational innovations.

Members of the Office of Curricular Affairs

- **Minoo Darvish, M.Ed., T402**
Executive Director of Curricular Affairs
216.368.3356
minoo.darvish@case.edu
- **Carol Chalkley, E420**
Administrative Director, Clinical Curriculum
216.368.3783
cab26@case.edu
- **Kathryn Chapman, M.Ed., T403**
Assessment Administration Manager
kdc6@case.edu
216.368.3440
- **TBA**
Program Evaluation Manager
- **Nivo Hanson, E414**
Course Manager
216.368.6839
nivo.hanson@case.edu
- **Jennifer Lennon, T412**
Assistant Director of Student Assessment
216.368.1541
jennifer.lennon@case.edu
- **Dawn Reid, T402**
Program Manager
216.368.4978
dmb140@case.edu
- **Donna Sockel, E414**
Course Manager
216.368.4091
donna.sockel@case.edu
- **Patti Quallich, E414**
Course Manager
216.368.6617
pva@case.edu
- **Bart Jarmusch, E414**
IQ Program Manager
216.368.3630
bbj2@case.edu

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Foundations of Clinical Medicine Office

Room E306

Mission: The Foundations of Clinical Medicine (FCM) programs seek to develop a broad range of clinical and professional capabilities. FCM develops the necessary skill sets through 4 separate, but integrated programs: Tuesday Seminars; the pre-clerkship patient-based curriculum: RAMP (Rotating Apprenticeship in Medical Practice) and CPCP (Community Patient Care Preceptorship); Communications in Medicine; and the Physical Diagnosis Program.

Goal: To facilitate the transformation from student to doctor, focusing on the doctor/patient relationship, on the roles of physicians in systems and in society, on professionalism and leadership, and on clinical skills.

Assistant Dean and Directors:

Susan Padrino, MD, Assistant Dean for Clinical Sciences

Mimi Singh, MD, Director of FCM and Director of Patient-based Programs

Ellen Luebbbers, MD, Director, Physical Diagnosis

Kathy Cole-Kelly, MSW, MS, Director, Communication in Medicine

Ted Parran, MD, & Kathy Cole-Kelly, MSW, MS, Co-Directors, Tuesday Seminars

FCM Staff Members:

- **Deidre Gruning**
Administrative Director
dxcc38@case.edu
216.368.3028
- **Denise Carter-O'Gorman**
Coordinator of Patient-Based Programs
dco3@case.edu
216.368.2178
- **Dyna Bolar Speights**
Coordinator of Physical Diagnosis
dxbb170@case.edu
216.368.0590
- **Shannon Fujimura**
Administrative Coordinator
sbf26@case.edu
216.368.0114

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Offices of Academic/Administrative Computing

Office of Academic Computing

Irene Medvedev, PhD, is the Director of Academic Computing. Academic Computing is responsible for developing, managing, and maintaining all applications related to eCurriculum, ePortfolio, and eAssessments, including exams and quizzes. This office is also responsible for providing students, faculty, and staff with support and assistance in those applications.

If students, faculty, or staff have any applications-related questions or experience any difficulties or errors, they should contact Dr. Medvedev at the email address provided below.

- Room E403
216.368.6209
irene.medvedev@case.edu

Office of Administrative Computing

David M. Pilasky, Director of Administrative Computing, is responsible for providing all technology support services for hardware and software for students, faculty, and staff of the School of Medicine. Administrative Computing is divided into four divisions. The **Web Development** division is responsible for developing, managing and maintaining the websites and servers related to the School of Medicine. The **Student Technology Services** division is responsible for orientation, installations, upgrades, and maintenance of the student notebook computers in the School of Medicine and for administration of the Computer Classroom (E324). The **Administrative Technology Services** division is responsible for all technology support needs of administrative faculty and staff. The **Server & SQL Database Administration** division is responsible for the management of all academic and administrative servers for the School of Medicine, including web servers as well as SQL database management.

■ Room E406
216.368.4669
dmp9@case.edu

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Office of Admissions

The primary functions of the Office of Admissions are the review of applications to the School of Medicine and the selection of an entering class of approximately 165 medical students each academic year. **Lina Mehta, MD**, is the Associate Dean for Admissions. **Christian Essman**, Director of Admissions, reports to Dr. Mehta and coordinates the activities of the Admissions Office. Both Dr. Mehta and Mr. Essman interview most of the applicants and work closely with the Admissions Committee.

- Room T308
216.368.3450
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Office of Financial Aid

The Office of Financial Aid (part of the Office of Admissions) assists students in obtaining loans, grants and scholarships from various federal, private and school sources. **Wanda L. Rollins, MNO**, the Financial Aid Director, works closely with students and their families to develop a financial plan for their medical education. The Office of Financial Aid is committed to providing students access to the funds for which they qualify. Financial need, the principal consideration in determining how much total aid an individual receives, is determined by a national needs analysis service. Students must complete the School of Medicine financial aid application, the Free Application for Federal Student Aid (FAFSA), and the Need Access online application.

The Deans' and Satcher-Pamies Scholarships are merit scholarships available to incoming students based on outstanding academic and personal achievement. Application for these scholarships are by invitation of the Admissions Committee only.

Throughout their education, students who are on financial aid must maintain contact with the Office of Financial Aid, keep the office informed of any changes in their financial situation, and finalize the details of their financial aid processing. Individual debt management and credit counseling sessions are provided to students. A mandatory exit interview session that summarizes total borrowing and repayment plans takes place prior to graduation.

- **Room T303**
216.368.3666
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The following office reports to the Vice Dean for Education and Academic Affairs..

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Office of Educational Services for Students

Judith Olson-Hammer, MS, is the Director of the Office of Educational Services for Students (ESS). ESS offers academic counseling and advising, seminars, tutoring, computer-assisted instruction, and diagnostic testing. ESS helps Case students understand their individual learning strengths and improve skills for academic success. ESS also coordinates the provision of accommodations to students with permanent and temporary disabilities.

Information:

- **Sears Building, Room 470**
216.368.5230
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University Health Service/Medical Plans/Disability Insurance

Eleanor Davidson, MD, is the Medical Director of the University Health Service. The University Health Service (UHS) provides treatment on an appointment basis for a variety of primary care needs. Providers within the service include physicians, nurses, and nurse practitioners who staff the ambulatory medicine clinic as well as the various specialty clinics (dermatology, women's health, allergy, etc.). The service provides comprehensive diagnostic, therapeutic, and educational resources for all registered students. University Health Service brochures are available by request.

The UHS coordinates with the SOM Office of Student Affairs to provide annual TB testing and influenza vaccinations (during flu season) at the med school at no charge to the medical students.

All services and records are confidential. Only the student and the professional staff of the University Health Service have access to the medical records. During flu season, however, medical students are required to provide the hospitals with proof of flu vaccinations if the students will be in patient care areas.

Students can access their UHS health and immunization records at any time by logging into <https://myhealthconnect.case.edu> with their Case network ID and password and providing their date of birth. Students are strongly advised to update the University Health Service as soon as possible if they have gotten a vaccine or TB test from a source other than UHS.

- 2145 Adelbert Road
- 216.368.2450
- [More information](#)

Student and Dependent Medical Plans and Disability Income Insurance Plan

All registered students are automatically enrolled in the Case Student Medical Plan. The Medical Plan fee is automatically billed each semester (fall and spring) at the time the student registers. Coverage during the spring semester extends through the summer until mid-August. Students who are enrolled in comparable insurance plans may waive the Medical Plan online. Once submitted, waivers are irrevocable for that semester. A brochure is available for an explanation of the Medical Plan coverage. Dependents of students are not eligible for care at the University Health Service. However, the University does offer an Optional Dependent Medical Plan for dependent spouses, domestic partners, and children of students.

Additionally, three local insurance brokers work together to provide students with the option of subscribing to the AMA-sponsored **Student Disability Income Insurance Plan**, underwritten by Standard Insurance Company. Students are presented this information during first-year Orientation.

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University Counseling Services

Jes Sellers, PhD, is the Director of University Counseling Services (UCS). UCS has two offices to serve the Case community. The UCS staff provides counseling treatment at 201 Sears Building. Collegiate Behavioral Health (CBH), 2nd Floor of University Health Services, 2145 Adelbert Road, offers assistance on maintaining a positive lifestyle and making healthy decisions. Together, these services assist students in their transition to medical school and to changes in their personal and social lives. The staff is composed of psychologists, psychiatrists and social workers who provide confidential individual and group counseling, psychotherapy and/or medication management for behavioral health concerns. UCS/CBH Staff adhere to strict professional standards of confidentiality, which are essential in developing trust. They do not disclose any information to any other party (e.g., faculty or parents) without written permission except at times of imminent danger.

The UCS also offers:

- Assessment for Learning Difficulties and Academic Accommodations
- Support groups for Spouses & Partners of Medical Students
- Recovery Groups (AA & SMART) & The Recovery House, a community for students in recovery from alcohol or other drugs
- Anxiety and Stress Management Services
- Healthy Sleep Clinic

Information:

- UCS: 201 Sears Library Building
216.368.5872
[More information](#)

After Hours/Weekends/Holidays Emergencies:
Call 216.368.5872 and *follow the prompts* to access the counselor on call
Emergency Information - Students in Crises

- The Center for Collegiate Behavioral Health (CBC) - Mind/Body Connection
2nd Floor Health Services
216.368.2510
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University Office of Student Affairs

The University Office of Student Affairs is the administrative home to many of the University's student service offices and organizations; it brings together departments that are devoted to furthering the quality and ease of a student's academic and co-curricular life at Case. The University Office of Student Affairs is also a central source of information about University Policies and Procedures that affect students.

Crisis intervention is an important function of this office. Students who have personal or family problems are urged to contact Student Affairs Associate Vice President, G. Dean Patterson, or other staff at 216.368.2020 to communicate their needs or concerns. The goal of this office is to listen, intervene if appropriate, or refer the student to other resources. Students' concerns remain confidential.

- 110 Adelbert Hall
216.368.2020
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Also see Appendix VI: [Educational Objectives](#)

[Programs Leading to an M.D. degree](#)

Applicants can choose from three paths to obtain a medical degree at Case Western Reserve University: the University Program, the College Program (Cleveland Clinic Lerner College of Medicine of Case Western Reserve University), and the Medical Scientist Training Program. Students in all three programs:

- Are introduced to clinical work and patients almost as soon as they arrive on campus
- Learn medicine using an integrated, organ system-based approach
- Are treated as junior colleagues by faculty members
- Are taught the science of medicine infused with the skills of communication and compassion
- Learn how to learn, a skill they will call on throughout their careers in the quickly changing field of medicine

During the clinical years, students from the College and University Programs share a common clinical curriculum. Students in both programs have the opportunity to engage in clinical rotations at any of the three affiliated teaching hospitals in Cleveland - The Cleveland Clinic, MetroHealth Medical Center and University Hospitals/Veterans Affairs Medical Center. An overview of the University Program is provided below. Students of the College Program are referred to that institution's handbook.

[Overview of the University Program](#)

The University Program curriculum always has reflected the latest in educational practices and medical knowledge. In the 1950s, the School of Medicine was the first to introduce the organ systems approach to teaching the basic sciences. In July 2006, the University Program launched the Western Reserve2

Curriculum (WR2) to create a system of learning that unites health and medicine into a single, integrated program of study to prepare students for the ongoing practice of evidence-based medicine in the rapidly changing healthcare environment of the 21st century.

The WR2 Curriculum has high expectations for self-directed learning and seeks to train physician scholars who are prepared to treat disease, promote health and examine the social and behavioral context of illness. It interweaves four themes:

- Research and scholarship
- Clinical mastery
- Teamwork and leadership
- Civic professionalism and health advocacy

Scholarship and clinical relevance are the benchmarks for learning, and clinical experiences and biomedical and population sciences education are integrated across the curriculum. The WR2 Curriculum also creates an independent, educational environment where learning is self-directed and where student education primarily occurs through:

- Facilitated, student-centered learning teams (Case Inquiry)
- Large group interactive sessions such as Team-Based Learning or didactic sessions that offer a framework or synthesis of a concept area
- Anatomy sessions that afford ample opportunity for dissection
- Clinical skills training
- Patient-based activities

Clinical experiences begin in the first weeks of the University Program when students participate in community-based health care field experiences. In the second month of medical school, students begin the Rotating Apprenticeship in Medicine Program (RAMP). This program involves students in five patient care settings. In January of the first year, students begin the Community Patient Care Preceptorship (CPCP). Each student works with a community physician one afternoon a week for a semester.

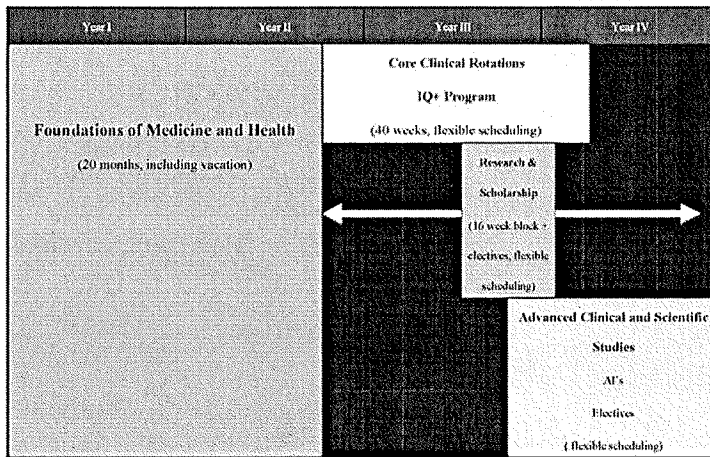
Research and Scholarship begin early in the curriculum with sessions led by faculty engaged in cutting edge research. In the summer following year one, the majority of students engage in summer research opportunities. All students participate in a mentored 16 week experience in research and scholarship and complete an MD thesis prior to graduation.

A key component of the University Program is the unscheduled time on Thursday mornings and weekday afternoons. Students use this time for self-directed learning as well as to pursue a joint degree, take electives, participate in interest groups, shadow a practicing physician, or become active in student organizations.

Students in the University Program all belong to one of four Societies, headed by Society Deans who help students navigate the curriculum and who advise them on residency and career planning. The Society Deans hold regularly-scheduled small group and individual meetings with the students. The Deans are members of the faculty of the School of Medicine and participate actively in the educational programs of the school. Some aspects of the curriculum are coordinated through the societies.

Curricular Structure of the University Program

- **Year 1**
Foundations of Medicine and Health (integrated study of normal and abnormal body systems), Foundations of Clinical Medicine (FCM), summer research opportunities, RAMP, clinical preceptorships
- **Year 2**
Foundations of Medicine and Health (integrated study of normal and abnormal body systems), FCM
- **Year 3**
Core clinical rotations, research block, sub internships, electives
- **Year 4**
Sub internships, electives, MD thesis completion
- **Year 5 (optional)**
University Program students may elect a fifth year of study for research and scholarship, or to complete a dual degree.

Western Reserve₂ Curriculum

Foundations of Medicine and Health

July Year 1	May Year 1	August Year 2	March Year 2
Becoming a Doctor (5 wk) Medical Error, Public Health, Inequities, Professionalism (epi/bioethics) 1 Week Clinical Immersion (Endo, Repro, Development, Genetics, Mol Biol, Cancer Biology)	The Human Blueprint (11 wk) 1 Week Clinical Immersion (GI, Nutrition, Energy, Metabolism, Biochemistry)	Food to Fuel (11 wk) 1 Week Clinical Immersion (CV, Pulm, Renal, Cell Regulation, Pharmacology, Cell physiology)	Homeostasis (14 wk) 3 Week Clinical Immersion (Host Defense, Microbiology, Blood, Skin, Auto-Immune)
Structure (Anatomy, Histo-Path, Radiology)	Host Defense and Host Response (14 wk) 1 Week Clinical Immersion (Neuro, Mind, Musculoskeletal, Cellular, Neuropsychology)	Cognition, Sensation, and Movement (14 wk) 1 Week Clinical Immersion	Summer break
Foundations of Clinical Medicine	Foundations of Clinical Medicine	Foundations of Clinical Medicine	Foundations of Clinical Medicine

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The University Program

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The University Program in Detail

The Western Reserve2 Curriculum (WR2) creates a system of learning that integrates the fields of health and medicine into a single program of study. Education throughout the four years is centered on:

1. Fostering experiential and interactive learning in a clinical context;
2. Stimulating educational spiraling by revisiting concepts in progressively more meaningful depth and increasingly sophisticated contexts;
3. Promoting integration of the biomedical and population sciences with clinical experience;
4. Transferring concepts and principles learned in one context to other contexts;
5. Enhancing learning through deliberate practice, or providing learners with direct observation, feedback, and the opportunity to practice in both the clinical environment and in the Case School of Medicine's Mt. Sinai Skills and Simulation Center.

The Western Reserve 2 Curriculum has 10 guiding principles:

1. The core concepts of health and disease prevention will be fully integrated into the curriculum.
2. Medical education will be experiential and emphasize the skills for scholarship, critical thinking, and lifelong learning.

3. Educational methods will be chosen that stimulate an active interchange of ideas among students and faculty.
4. Students and faculty will be mutually respectful partners in learning.
5. Students will be immersed in a graduate school educational environment characterized by flexibility and high expectations for independent study and self-directed learning.
6. Learning will be fostered by weaving the scientific foundations of medicine and health with clinical experiences throughout the curriculum. These scientific foundations include basic science, clinical science, population-based science, and social and behavioral sciences.
7. Every student will have an in-depth mentored experience in research and scholarship.
8. Recognizing the obligations of physicians to society, the central themes of public health, civic professionalism and leadership will be longitudinally woven throughout the entire curriculum.
9. The systems issues of patient safety, quality medical care, and health care delivery will be emphasized and integrated throughout the curriculum.
10. Students will acquire a core set of competencies in the knowledge, mastery of clinical skills and attitudes that are pre-requisite to graduate medical education. These competencies will be defined, learned and assessed and serve as a mechanism of assessment of the school's success.

Western Reserve2 Curriculum Core Competencies

1. Professionalism
2. Teamwork and Leadership
3. Reflective Practice/Practice-based Learning and Improvement
4. Communication
5. Medical Knowledge
6. Patient Care
7. Research and Scholarship
8. Health-Advocacy and Policy/Civic Professionalism.
9. Systems-based Practice

Curricular Composition

The four years of the WR2 Curriculum are divided into four major components, each of which focuses on health as well as disease, and on the health of populations in addition to the health of individual patients.

1. Foundations of Medicine and Health:

This component is made up of six integrated curricular blocks.

- **The first block – Becoming a Doctor** - is five weeks in duration, and gives students an understanding of population health and the doctor's responsibility to individuals and to society. Typically students begin their medical education by studying basic science at the molecular level, and are often not fully aware of the relevance that this knowledge has in their future education as physicians or how it relates to the actual practice of medicine. This curricular block focuses on how physicians can act as advocates for their patients in the health care system; how social and environmental factors impact health; and the importance of clinical research as the unifying principle between disease biology and the science of clinical practices. This block also has a strong emphasis on the importance of critical thinking and rigorous methodologies in the measurement of clinical phenomena. The next five blocks in the Foundations of Medicine and Health focus on basic science in the context of clinical cases. Subject matter is integrated across entire biological systems with normal and abnormal processes taught in concert. Each block is complemented by clinical immersion experiences, early contact with patients in clinical preceptorships and simulated clinical experiences. Some themes stretch longitudinally across these blocks, including anatomy, histopathology and radiology, as well as pharmacology and clinical mastery.
- **The second block - Human Blueprint** - is comprised of endocrine, reproductive development, genetics, molecular biology, and cancer biology.
- **The third block - Food to Fuel** - encompasses gastro-intestinal system, nutrition, energy, metabolism and biochemistry.
- **The fourth block - Homeostasis** - includes cardiovascular system, pulmonary system, renal system, cell regulation, and pharmacology.
- **The fifth block - Host Defense and Host Response** - focuses on host defense, microbiology, blood, skin, and the auto-immune system.
- **The sixth block - Cognition, Sensation and Movement** - is comprised of neurosciences, mind, and the musculoskeletal system.

Several themes stretch longitudinally across these blocks, including anatomy, histopathology and radiology, as well as clinical mastery. Teamwork, interprofessional collaboration and bioethics are likewise incorporated longitudinally.

Blocks 2-6 follow a common pattern. Each block has a Clinical Immersion Week and each has a Reflection and Integration Week.

Clinical Immersion Week: During this week, students leave the classroom and enter the clinical setting to see the relevance of the basic science they have been studying as the concepts are used in the setting of patient care. **Reflection and Integration Week** is the final week of blocks 2-6. During this week, no new material is introduced. Learning activities are planned to help students review concepts introduced earlier in the block by presenting these concepts again, sometimes in new contexts, and now integrated with other concepts previously learned. End of block assessment takes place during the reflection and integration week.

2. **Research and Scholarship:** The WR2 Curriculum increases Case's emphasis on research and scholarship to encourage student career development in the areas of basic science, clinical investigation, and population-based research. The practice of medicine is becoming increasingly evidence- and science-based, and research teaches students a way of thinking that makes them better doctors. The focus on research and scholarship provides medical students with opportunities to pursue individualized areas of interest in great depth. Through this 16-week, mentored experience in research and scholarship (which can be taken at any point from March of the second year onward), students acquire the intellectual tools needed to formulate research questions, critically assess scientific literature, and continue the life-long pursuit of learning that is a critical aspect in the careers of all physicians and physician-scientists. The research project culminates in a thesis, which is written in the format of a manuscript of the leading journal in the particular area of interest.

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3. **Clinical Experiences:** The clinical curriculum cuts across all four years of the medical school curriculum, and can be divided into the two major areas of involvement (also see Acting Internships in section #4 below)

- A. **Foundations of Clinical Medicine:** This segment of the clinical curriculum runs longitudinally through the Foundations of Medicine and Health and seeks to develop a broad range of clinical and professional capabilities. FCM develops the necessary skill sets through 4 separate, but integrated, programs:

- **Tuesday Seminars:** Course continues the theme of "doctoring" begun in Block 1 through the Year 1 and Year 2 curriculum. Topics examined include the relationship between the physician and the patient, the family, and the community; professionalism; healthcare disparities; cultural competence, quality improvement; law and medicine; medical error/patient safety; development of mindful practitioners and end-of-life issues.

- **Communications in Medicine:** Course is comprised of seven workshops running through Year 1 and Year 2 that focus on the range of skills needed for effectively talking with patients, including the basic medical interview, educating patients about a disease, counseling patients for health behavior change, and presenting difficult news and diagnosis.
- **Physical Diagnosis:** Course runs throughout Year 1 and Year 2 and includes:
 - Physical Diagnosis 1: introducing the basic adult exam to Year 1 students for one session per week for eight weeks.
 - Physical Diagnosis 2: in-depth regional exams in various formats during Year 1 and Year 2.
 - Physical Diagnosis 3: students in Year 2 spend five sessions doing complete histories, physicals and write-ups on patients they see in an in-patient setting.
- **Patient-Based Programs:**
 - *Ramp (Rotating Apprenticeships in Medical Practice):* Students in Year 1 rotate through patient care encounters in multiple settings. This course is designed to expose students to various clinical settings to enhance observational and reflection skills in the context of the doctor/patient relationship and the role of physicians in society.
 - *CPCP (Community Patient Care Preceptorship):* During either Year 1 or Year 2, students spend 11 afternoons in a community physician's office developing and reinforcing medical interviewing and physical exam and presentation skills (written and oral) with ongoing mentorship from a preceptor and an innovative online curriculum.

B. Basic Core Clinical Rotations: The Basic Core Rotations are designed to provide students from the University and College tracks of the Medical School with both breadth and depth in clinical care. Experiences are developmental, with opportunities to reinforce, build upon, and transfer knowledge and skills from all parts of the curriculum. Clinical learning is integrated across disciplines whenever possible through a unique block structure, and important themes related to scholarship, humanism, and science are supported through specially designed weekly small group programs. A unified approach to addressing and assessing a core clinical curriculum is utilized at all teaching sites with the flexibility to take advantage of the unique strengths of each clinical setting.

Students have the opportunity to begin their Basic Core Rotations in March at the end of their second year. These rotations are organized in blocks that integrate core specialties at each site for 8 or 12 weeks. Core I combines Internal Medicine, Family Medicine, and Geriatrics for 12 weeks; Core II combines Pediatrics and OB/Gyn for 12 weeks; Core III combines Neuroscience and Psychiatry for 8 weeks; and Core IV combines Surgery and Emergency Medicine for 8 weeks. Each of these clinical rotations is offered at all of the School of Medicine's hospital affiliates (including University Hospitals of Cleveland, the Cleveland Clinic Foundation, MetroHealth Medical Center, and the Louis Stokes VA Medical Center), and the Basic Core 2 rotation is also offered as a longitudinal integrated clerkship at Kaiser Permanente.

Core Clinical Rotations

CLINICAL CORE I Medicine, Family Med, Geriatrics IQ+ (12 weeks at one of 3 teaching sites)
CLINICAL CORE II Pediatrics, OB/GYN IQ+ (12 weeks at one of 4 teaching sites)
CLINICAL CORE III Neuroscience, Psychiatry IQ+ (8 weeks at one of 3 Teaching Sites)
CLINICAL CORE IV Surgery and Emergency Medicine IQ+ (8 weeks at one of 3 Teaching Sites)

4. **Advanced Clinical and Scientific Studies:** Advanced clinical and scientific studies provide students with flexible learning opportunities that support ongoing professional development and residency preparation and planning:
- Two Acting Internships are required: one in Internal Medicine, Surgery, Pediatrics, or Inpatient Family Medicine, and one in an area of student choice.
 - One Acting Internship and all electives can potentially be done outside of the CWRU system.
 - Students are encouraged to augment their interest in scholarship through rotations and activities that focus on sciences basic to medicine as well as clinical rotations.

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updated 8/21/12

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Dual Degree Programs

Medical Scientist Training Program (MD/PhD in the basic medical sciences)

Clifford V. Harding, MD, PhD, Program Director

George Dubyak, PhD, Program Co-Director

Dominique Durand, Associate Director

Kathryn Schultz, Administrative Director

Christa Moeller, Program Coordinator

Jane Vogelsberger, Program Assistant

Nationally known for a curriculum that integrates basic and clinical sciences, the Case Western Reserve University School of Medicine has provided superior MD/PhD training since 1956 for students aspiring to dual careers in academic medicine and biomedical research. The CWRU Medical Scientist Training Program (MSTP) has several distinctive features, including:

- Free time during the first two years that allows students to complete most Ph.D. coursework and laboratory rotations;
- Personalized clinical instruction during the PhD research years;
- Elective time for special research and clinical experiences in the final year;
- Emphasis on professional development, fostered through individual mentoring and group activities (monthly dinner meeting, retreat, etc.)

Room T401

216.368.3404

[More information](#)

MD/PhD in Health Policy and Health Services Research

This program prepares students for careers in academic medicine, health policy, public health, and/or health care management. An important area of focus within this training program is methods and issues in study design that pertain to research examining the health and health care problems of urban and vulnerable populations.

Application to and acceptance in the PhD program in Health Policy/Health Services Research follows admission to the School of Medicine.

Dual-degree students are fully integrated with graduate students in other tracks within the Department of Epidemiology and Biostatistics.

Dual-degree students typically complete the PhD coursework and the dissertation requirement by their end of their fifth year after matriculation, with the MD awarded at the end of the seventh year.

216.368.5957

[Victor Courtney](#)

Graduate Admissions Coordinator

[More information](#)

MD/MS in Applied Anatomy

The core curriculum of this 30-hour, non-thesis master of science in applied anatomy degree program integrates aspects of modern molecular biochemistry, cell biology and physiology with the traditional aspects of anatomical structure and nomenclature of cells, tissues and organs. Electives allow students to pursue individual interests in special areas of research and health care. The program is excellent preparation for those preparing for biomedical careers or those planning to pursue a PhD.

216.368.2433

Joseph Miller, PhD, Director

Christine Marshall, Administrator

[More information](#)

Master of Business Administration (MD/MBA)

216.368.2030

Weatherhead Office of Admissions

[More information](#)

MD/MPH

Graduates of this 5-year master's degree program are qualified to work in local and state health departments, universities and colleges, hospitals, ambulatory medical centers, non-profit organizations and the insurance and pharmaceutical industries. Areas of concentration include adolescent health, health promotion and disease prevention, epidemiology, public health research, health management and policy, clinical research, international health, human sexuality and reproductive health, and urban health. Dual degree students are independently reviewed by the MPH Admissions Committee and the partner program admissions committee. Admission to each program is pursued separately and independently.

216.368.3128

Laura Santurri, Program Assistant

[More information](#)

MD/MA Bioethics

The 27-credit-hour Master of Arts in Bioethics program, including a 12-hour foundations course taken during the first year of medical school, emphasizes the interdisciplinary and interprofessional nature of the field. It is designed to provide advanced training in bioethics for those

who anticipate encountering ethical issues in the course of their primary careers. Medical school students complete the bioethics program while pursuing their medical degrees; no additional time is required. Admission for the master's degree portion is through the Case Western Reserve University School of Graduate Studies. For more information about the MA requirements, call 216.368.6196, or e-mail bioethics@case.edu.

216.368.8718

Marie Norris, Graduate Student Coordinator

[More information](#)

MD/MS in Biomedical Engineering

216.368.4094

Carol Adrine, Admissions Coordinator

[More information](#)

MD/PhD Physicians Engineer Training Program

216.368.3005

Roger Marchant, MD, Director

[More information](#)

MD/MS Biomedical Investigation

216.368.3578 or 444.5222

William Merrick, PhD, Co-Director

Martha Cathcart, MD, Co-Director

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Students must satisfactorily complete all components of the educational program to be eligible for promotion and graduation. In keeping with the goal of a balanced and coherent educational program, the Case Western Reserve University School of Medicine seeks to identify potential academic problems early and to provide non-prejudicial intervention as necessary to assist all students in meeting academic standards.

Examination Policy

Foundations of Medicine and Health SSEQs are administered in proctored classrooms, and answers are expected to represent each student's own work. All National Board of Medical Examiners (NBME) Tests are administered following NBME guidelines. Students are required to sign an Examinee Acknowledgement Form before the first examination is administered. This form is reproduced in [Appendix II](#).

All students must take the examinations in the assigned facility on the scheduled examination date and time. Students who are not able to take a Foundations of Medicine and Health Curriculum examination at the scheduled date and time because of illness or emergency must contact their Society Dean before the examination. When an acute illness or other emergency arises less than 24 hours before an examination, students should contact their Society Dean to report the situation. When deemed appropriate, the student will be granted official approval to defer the examination, and personnel will be notified.

Disabilities and Accommodations

The School makes accommodations available to those students who, because of a documented disability, require accommodations. Students with disabilities who request accommodations must provide written documentation to his/her Society Dean who will submit the request to the Accommodations Committee. The specific procedure and forms that must be completed are described in [Appendix L](#).

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Foundations of Medicine and Health Curriculum

Student assessment in the WR2 Curriculum is designed to accomplish three goals: 1) drive the types of learning and inquiry that are goals for the WR2 Curriculum; 2) ascertain whether students attain the level of mastery set as a goal for graduates of Case Western Reserve University School of Medicine; and 3) prepare students for medical licensure. These three goals are accomplished through multiple assessment methods.

Student performance is assessed by a variety of methods with special emphasis on scientific reasoning, comprehension, and problem solving (e.g., synthesis essay questions, multiple-choice, laboratory practical). Performance is designated as "meets" or "does not meet criteria." Students who do not meet criteria are identified to the Society Deans and the Block Leader (see the [Remediation of Foundations of Medicine and Health Curriculum](#) section). Information concerning examination performance and class rankings is not part of the student's permanent record. However, examination scores are recorded for students participating in the Medical Scientist Training Program. The following assessments are used in the Foundations of Medicine and Health:

- Assessment of students' participation in weekly Case Inquiry (IQ) groups** by faculty facilitators, based upon observable behavior and focused on contributions to the group content, skills at critical appraisal of resources, and professional behaviors.
- Synthesis Essay Questions (SEQs).** Weekly, formative, open-book synthesis essay questions are assigned in which students are given a brief written clinical problem and are asked to describe its occurrence and explain its scientific foundations. Throughout a teaching block, students are required to complete one of two SEQs at the end of each week. They then compare their answers to an ideal answer as well as get feedback on their reasoning ability from their IQ faculty. Students are expected to construct answers in their own words independently. The practice of "copy and paste" verbatim from various online sources defeats the purpose of the SEQ assignment, results in lost learning opportunity, and wastes IQ faculty time and is thus discouraged.
- Summative Synthesis Essay Questions (SSEQs)** are designed to measure medical knowledge at specific points in the curriculum. SSEQs are closed-book assessments with no more than 5 scenarios that, collectively, take approximately 4 hours to complete. SSEQs are based on the synthesis essays students completed in an open-book fashion throughout the block. In the final week of the block, SSEQs present concepts from previous exercises in new contexts and require a more sophisticated level of concept integration. These summative assessments are scheduled at the end of each large teaching module (every 3-4 months) and are graded by faculty who are content specialists.
- Structure Practical Exercises.** These assessments occur in the final week of blocks 2-6 and integrate anatomy, histo-pathology and radiology through clinical scenarios and questions that ask for anatomic localization and histo-pathologic identification. Students are required to demonstrate mastery in gross anatomy and histopathology separately, i.e., poor performance in one area does not compensate for high performance in the other.
- Self-Assessment Multiple Choice Questions (MCQs).** At the beginning of each 12-week teaching block, students have access to 200 MCQs and answers drawn from the School of Medicine's existing extensive bank of questions which will be mapped to learning objectives for the block. These questions are intended to help students prepare for the United States Medical Licensing Examination (USMLE) Step 1. Students may use these MCQs throughout the block as study aids and self-assessment.
- Cumulative Achievement Tests (CAT).** At the end of each block, students complete a secure formative MCQ achievement test, based on content covered in the current teaching block as well as on content from previous block(s). These exams are designed using test question resources available through the National Board of Medical Examiners NBME. Tests become progressively longer by 20 questions throughout the Foundations of Medicine and Health. The final CAT reflects material across all curriculum blocks. These formative tests enable students to gain perspective on their overall progress and preparedness for the USMLE Step 1.
- Student progress in Foundations of Clinical Medicine** is measured by small group facilitator assessment in the Seminars of Clinical Practice, direct observation of skills, preceptor evaluation of patient-based activities, and OSCE examinations.
- Professional Learning Plan.** The Professional Learning Plan is created by students to teach them how to use the continuous quality improvement model to improve their academic performance. In the first 20 months of the medical school curriculum, students meet in medium sized groups composed of their society members to work on their PLP. The first meeting is held at mid-block and students complete an on-line structured plan. They must first identify an area of focus on which they want to work, usually drawn from feedback they have received. They must identify the issue and come up with a plan for remediation, then come to the mid-block meeting to share this plan with their colleagues. This vetting process allows students to hone their plan. Students then have the remainder of the block to work on their plan. The week following the end of the block, the students come together in a group to share their evidence for completion of their PLP. These meetings allow students to share best practices with one another on how best to master the material of medical school.

9.

Required Assessment Tools to Measure Achievement of Learning Goals in WR2

During the Block <i>Purpose: Ongoing Self-check of Learning</i>	End of the Block <i>Purpose: Cumulative Achievement & Pass-Fail Determination</i>	End of the Block <i>Purpose: Ongoing Self-check of Learning Retention and Board Preparation</i>	End of Blocks 4, 6, & in 4th Year <i>Purpose: Mastery of 9 Competencies for Promotion and Graduation</i>
Learning Objectives	IQ Group Facilitator Assessment	Cumulative Achievement Test	Learning Portfolio
Weekly Multiple Choice Questions	Summative Synthesis Essay Questions		
Weekly Synthesis Essay Questions	Structure Practical Exercise		
	Foundations of Clinical Medicine Assessment		
	Clinical Immersion Exercise		
	Professional Learning Plan		
	Academic Society PLP meeting		

Foundations of Clinical Medicine (Foundations) is the first course in the clinical curriculum and continues throughout Medical School. In years 1 and 2, the guiding principle is that early exposure to patients, with direct observation by experienced faculty physicians, is optimal for both professional development of students as doctors and assessment of their clinical skills. Foundations has three interrelated components: clinical skills training, patient care experiences, and Foundations of Clinical Medicine Seminars.

Students will be evaluated formatively throughout the year on each aspect of the Foundations course. Summative evaluations will be employed as well and will include preceptor evaluations, peer reviews, and objective structured clinical examinations. At the end of each block of the Foundations of Medicine and Health Curriculum, students will receive a designation of "meets expectations," "provisionally meets expectations," or "does not meet expectations." These designations will be approached in a manner consistent with assessment in Foundations of Medicine and Health.

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Summative ePortfolios

Overview & Definitions

The WR2 curriculum is a competency-based curriculum with **9 Core Competencies** that students are expected to achieve prior to graduation from the School of Medicine.

Competencies – The knowledge, skills and behaviors a student must demonstrate to meet the performance standards for an MD degree from Case. The following nine Core Competencies are required for graduation.

- Medical Knowledge
- Patient Care
- Interpersonal & Communication Skills
- Professionalism
- Life-long Learning & Personal Development
- Research & Scholarship
- Civic Professionalism, Health Advocacy and Leadership
- Practice-based Learning & Improvement
- Systems-based Practice

Achievement of some competencies can be demonstrated by test performance, achievement of others by a Reflective Essay accompanied by supporting evidence, collected in a **Portfolio**.

Evidence - Something that provides proof. Performance check lists, reflection essays, reports, patient write-ups, project presentations, examples of feedback/evaluations received or given to others, personal learning plans (PLPs), etc. All these pieces of evidence need to be saved and stored.

Portfolio (medical education) – A collection of thoughtful essays, each accompanied by selective supporting evidence, that demonstrates what a student has accomplished and areas for improvement.

ePortfolio

"Storage" ePortfolio = Electronic repository of all of student's work (evidence) for purposes of **storage**; is private and non-selective. Combination of SOM ePortfolio and files stored on a student's hard drive.

Summative ePortfolio = Reflective essays and selective evidence, created by students to share with faculty reviewers for purposes of **assessment**. These collections of reflective essays are accompanied by supporting evidence at three time points to provide assessment of how a student is progressing with respect to meeting the **9 Competencies** of the WR2 curriculum. At each time point, students submit one essay for each required competency (see table below).

Reflection: A thoughtful, critical self-appraisal of one's performance, discussing strengths and areas for improvement; a crucial professional skill for medical doctor.

Process: ePortfolios are submitted electronically through the eCurriculum and consist of essays documenting the student's learning progress with regard to specific benchmarks, or **Achievement Levels**, for each competency. Students will submit one essay for each required competency, as indicated in the table below. In the essays, students reflect on their progress toward mastering each Achievement Level, identify strengths and areas for improvement, and provide evidence to support their discussion. (See [Appendix VII](#) for complete list of Achievement Levels for each set of portfolios.)

Summative ePortfolios are submitted at three points in time, and consist of essays on each of the required competencies:

Timepoint	Approximate Due Date*	Required Competencies*
ePortfolio I: End of Block 4	Mid-June following Block 4	6 of 9 Core Competencies <ul style="list-style-type: none"> ■ Medical Knowledge ■ Patient Care ■ Interpersonal & Communication Skills ■ Professionalism ■ Life-long Learning & Personal Development ■ Civic Professionalism, Health Advocacy and Leadership

ePortfolio II: End of Block 6, just prior to the start of the clinical/research years	March following Block 6	7 of 9 Core Competencies <ul style="list-style-type: none"> ■ Medical Knowledge ■ Patient Care ■ Interpersonal & Communication Skills ■ Professionalism ■ Life-long Learning & Personal Development ■ Practice-based Learning & Achievement ■ Civic Professionalism, Health Advocacy and Leadership
ePortfolio III: Year 4	February-March of Year 4	9 of 9 Core Competencies <ul style="list-style-type: none"> ■ Medical Knowledge ■ Patient Care ■ Interpersonal & Communication Skills ■ Professionalism ■ Life-long Learning & Personal Development ■ Research & Scholarship ■ Practice-based Learning & Achievement ■ Civic Professionalism, Health Advocacy and Leadership ■ Systems-based Practice

*Subject to change

The essays are reviewed anonymously by faculty reviewers to determine if the portfolio meets expectations. The faculty reviewers use the following criteria to assess the students' ePortfolios:

- Is the narrative consistent with the evidence?
- Is the narrative balanced, i.e., includes areas of strength and areas for improvement?
- Is this a thoughtful, insightful essay?
- Is the essay organized and information communicated clearly and convincingly?
- Have all achievement levels for the competency been addressed?

Faculty reviewers will provide feedback/comments and one of three possible ratings for each essay: Meets Expectations, Meets Expectations with Targeted Areas for Improvement, or Does Not Meet Expectations. A rating of "Does Not Meet Expectations" for any one competency essay will result in an overall rating of "Does Not Meet Expectations." Students will be provided an opportunity to revise any essays that do not meet expectations, working with their Society Dean, faculty and administrative support staff, as appropriate. Successful completion of each of the 3 portfolios, i.e., achieving the designation of "Meets Expectations," is a requirement for the MD degree for the School of Medicine.

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Core Clinical Rotations

Assessment Procedures for University Track Students: Core Clinical Rotations (Class of 2013)

Assessment in Core Clinical Rotations is multidimensional and competency based. Elements of performance that are important are cognitive skills, clinical skills, interpersonal skills, qualities of character, integrity, and work habits. An overview of Core Clerkship Assessment and procedures used to assign grades for each discipline (Internal Medicine, Family Medicine, Surgery, OB/Gyn, Pediatrics, Neurology, Psychiatry) is outlined below.

Requirements Prior to Grade Determination

You are required to successfully complete the following requirements before your clerkship grade will be determined. Failure to meet these requirements will result in an incomplete for the rotation until remediated.

1. Documentation of at least one learning experience with each of the "Core Clinical Conditions" for the rotation. These conditions are listed on the clerkship cards and are highlighted in CAS dropdown menus. These must be documented in CAS through logs of patient encounters, on-line modules, or didactic sessions. Reminders are sent at regular intervals during the block.
2. Successful completion of the Friday afternoon IQ+ curriculum including final case presentations.
3. Completion of the end of rotation survey.
4. Completion of rotation requirements for Clinical Performance and the NBME Shelf Exam or equivalent exam.

Grade Determination

Grade determination combines direct assessment by clinical preceptors (attending and residents) and results of the NBME Shelf Exams.

1. 75% Clinical Performance

The primary element of your overall discipline grade is based on your clinical performance. This assessment is based upon demonstrating your achievement of key benchmarks of the core clinical competencies that are outlined in the Clinical Assessment System. These are medical knowledge, patient care, interpersonal communication, professionalism, systems based practice, and practice based learning and improvement. You will receive

formative feedback during the course of the rotation, and your overall clinical grade is based on summative assessments in CAS by faculty and residents with whom you have worked in a given discipline.

This component of the grade may also factor in other discipline-specific requirements such as completion of online modules, oral exams, or other required learning activities that are consistent across sites.

2. 25% NBME Shelf Exam(or equivalent exam)

You complete the NBME Discipline-Specific Shelf Exams (or equivalent exam) at the end of each 8-week (Basic Core 3) or 16-week (Basic Cores 1 and 2) rotation. The NBME reports standard scores. The standard scores are converted by a simple formula for each discipline to look and feel more like percent scores to enable these numbers to be appropriately entered into the formula for calculation of your grades. You must obtain a passing score on the shelf exam in order to pass the clerkship.

3. Final Grade Cut Scores

Clinical performance scores are combined with the NBME shelf exam scores to determine your overall discipline-specific clerkship grades as follows:

90 -100: HONORS

75 - 89: COMMENDABLE

60-74: SATISFACTORY

<60: INCOMPLETE

4. Remediation

Students who fail either the clinical performance or shelf exam requirement must successfully remediate that requirement. After successful completing the remediation, the highest possible grade for the clerkship is COMMENDABLE.

5. Shelf Exam Policy for the Basic Core Clerkships

Students must pass the shelf exam in order to pass the clerkship.

1. If a student fails the shelf exam (and receives Satisfactory or above for the clinical portion of the clerkship assessment), s/he must retake the exam at a time that is set by the Director of Assessment and the Society Deans. The Clerkship is listed as Incomplete pending this retake.
2. After retaking the shelf exam, the highest grade the student can achieve in the rotation is commendable.
3. If a student fails the shelf exam a second time, the grade will remain incomplete and a referral will be made to the Committee on Students in consultation with the Society Deans. The Clerkship Directors in the discipline involved will make a recommendation to the Committee on next steps for the student.

Committee on Student Assessment

Approved in February, 2011

Amended in July, 2011

Amended in July, 2012

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Advanced Core Rotations

Advanced Cores consist of 2 separate, required 4-week rotations that can be completed in any order at any of our affiliated hospitals. The domains for these experiences are 1) Aging and Society and 2) Undifferentiated Care. During the Advanced Core, students are able to build on their clinical activity scores and add to those already achieved in the respective disciplines in the Basic Core. Only Advanced Cores that feature 4 weeks of clinical activity in one discipline area will be counted toward a Basic Core Discipline grade. This includes:

- "Aging and Society" for Internal Medicine
- "Undifferentiated/Emergent Care" for Internal Medicine or Pediatrics (but not both)

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Research and Scholarship

Research and scholarship is a critical component of the curriculum. The objective is to help students acquire tools and experience in asking questions, critically assess literature, and develop other aspects of the life-long pursuit of learning that is an integral aspect of the career of all physicians and physician-scientists. The goal for each student is to formulate a question in an area of interest, to develop an approach to answering it, to carry out this project, and to arrive at an interpretation of the observations. Research proposals must be approved by the Vice Dean for Research or a reviewer appointed by the Vice Dean. Besides the required research block, the summer following the first year is available for students to engage in elective 8-week, full-time, mentored research experiences with a faculty member here or at another university. It is also possible to opt for a year off devoted to research and leading to a five-year curriculum. Requirements for the mandatory research block include two progress reports, the first due 4 weeks after the start date and the other 8 weeks after the start date, and a summary. All three requirements are due online at the student's ePortfolio MyResearch site by the deadline given at this site. The summary is in the format of a manuscript in the leading journal of the field that the student is pursuing. It is due on the last day of the 4-month block. It can form the basis of the M.D. thesis, following any required updating and revision. The M.D. thesis is required by January 15 of year 4. A complete description of the requirements is found at the website for the [Office of Medical Student Research](#).

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Electives

Year 1 and 2 Electives (not required)

1st and 2nd year Electives are mini-courses, sponsored by CWRU faculty and students, that occur in the first and second year of the M.D. program. There is a wide variation in course format and student performance is evaluated as credit or no credit. Further evaluation is at the instructor's discretion, but instructors are encouraged to provide narrative comments on student performance that may be used as excerpts in the Medical Student Performance Evaluation (MSPE). 1st and 2nd year electives are not required to meet graduation requirements and should be scheduled so as not to interfere with Foundations of Clinical Medicine (FCM) core activities such as RAMP and PD1. See: [1st & 2nd Year Electives information](#) provided by the Registrar.

Year 3 and 4 Clinical Electives (required)

The Clinical Elective program provides opportunities for students to pursue electives in areas of personal interest. A description of the elective offerings and expectations for student performance is available in the [Elective Catalogs](#) provided by the Registrar. Student performance is evaluated as honors, commendable, satisfactory, unsatisfactory, and achieved or exceeds competencies. An incomplete designation must be rectified. Instructors are encouraged to provide narrative comments on student performance.

Drop Policy: Students must secure his/her Society Dean's permission in order to drop an elective. No drops are permitted less than 30 days before the start of an elective rotation unless approval has been granted from the rotation leader or designee. See: [Drop/Add Policies \(Registrar's Office\)](#).

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Promotion Guidelines

Academic Expectations for the Foundations of Medicine and Health

Students must achieve passing marks in all components of the Foundations of Medicine and Health curriculum. If a student does not meet expectations in any block, remediation is required.

Students are required to remediate all basic science subject committees in order to emphasize:

- Mastery of basic science concepts
- Early identification of failure to master basic science material
- Personal responsibility in the remediation process
- Standardized remediation strategy for all basic science subject material

Remediation

WR2 Remediation in Foundations of Medicine and Health (FMH)

The Following components make up the end of block ratings:

1. SSEQs
2. Structure Practical Exercise
3. Cumulative Achievement Test
4. Final Case Inquiry Faculty Assessment
5. Medium Group Faculty Assessment
6. Foundations of Clinical Medicine
7. Clinical Immersion Exercise
8. Professional Learning Plan
9. Society Dean Advising meeting (mid & final)

Definition and consequences of end of block ratings:

Meets criteria; overall satisfactory achievement of criteria: the student has met all expectations for all components of the block.

Does not meet Criteria: 3 possibilities

1. **Targeted remediation required** - Students will receive this rating if they do not meet criteria for any of the following:
 - Structure Practical Exercise
 - Cumulative Achievement Test
 - Final Case Inquiry Faculty Assessment
 - Medium Group Faculty Assessment
 - Foundations of Clinical Medicine
 - Clinical Immersion Exercise
 - Professional Learning Plan
 - Society Dean Advising meeting (mid & final)

The student is required to meet with his/her Society Dean and develop a plan to address specific areas noted and show evidence of successful remediation in his/her portfolio.

Deadlines: Targeted remediation for blocks 1-4 must be completed prior to submission of the end of block 4 portfolio. Targeted remediation for blocks 5 and 6 must be completed prior to submission of the end of block 6 portfolio. Note that the Structure Practical Exercise is a component of each of blocks 1-6. Exceptions to this timing must be approved by the student's society dean.

2. **SSEQ remediation required** - Students who do not meet criteria for the SSEQ examination are required to remediate. All students will be required to pass a parallel form of the assessment designed by block faculty. Evidence of successful remediation must be provided in the portfolio.

Deadlines: Block 1 SSEQ remediation must be completed by the end of winter break of the same academic year. SSEQ remediation for blocks 2-4 must

be completed prior to the start of block 5. SSEQ *remediation* for blocks 5 and 6 must be completed before the student can continue with any curricular activities beyond the Foundations of Medicine and Health at the end of block 6.

3. **Incomplete** - Student is unable to achieve the objectives of the block due to illness or emergency. The student will work with his/her society dean and corresponding block faculty to develop a suitable schedule for fulfilling block requirements.

Referral to Committee on Students (COS):

A student will be referred to the COS if either of the following two criteria are met:

1. A student fails one SSEQ exam in blocks 1-6 and fails that block's remediation.
2. A student fails two SSEQ exams in blocks 1-6.

A student may be referred to the COS for failure to remediate successfully in any of the 9 components that make up the end of block ratings.

For complete COS policies see the Committee on Students section in the Student Handbook.

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MSPE-Medical Student Performance Evaluation

All graduating medical students who are applying for residency need a Medical Student Performance Evaluation (MSPE) letter. This is a letter of evaluation, not recommendation. It is written and compiled in a transparent collaborative process between the student and his/her Society Dean. The MSPE has 8 parts:

1. **Cover Letter** – This page describes the curriculum at the CWRU School of Medicine.
Time Line – This section lists the date of matriculation, graduation, dual degree programs and adverse actions taken by the school.
2. **Introductory Paragraph** – This part is written by the student and describes their academic life prior to medical school.
3. **Preclinical Years** – These years are graded pass/fail. Since only students who pass are eligible for an MSPE, this part will say pass and the society dean will excerpt representative narrative comments.
4. **Clinical Years** – These years are graded Satisfactory, Commendable, or Honors. This section contains a paragraph for each clinical discipline which lists the grade and narrative comments supplied by the course director.
5. **Research Block** – This is a paragraph which describes the student's four-month research block. It is written collaboratively by the student and society dean.
6. **Unique Characteristics** – This part describes the student's honors, awards, research, dual degree programs, leadership and volunteerism. It is written collaboratively by the society dean and the student.
7. **Summary** – This is a brief concluding paragraph.

A student may request to work with another society dean other than his/her own to prepare the MSPE letter. Such a request should be made in writing to the Vice Dean for Academic Affairs. If a student wishes to contest an entry in their MSPE, the student must make a request in writing to the Vice Dean for Academic Affairs.

Adverse actions taken by the school may appear on a student's MSPE. A committee composed of three society deans (excluding the student's dean) and the chairperson of the Committee on Students will meet to determine if the action should appear in the letter. They will also craft the language that will appear in the MSPE.

The Medical Student Performance Evaluation (MSPE) must be reviewed by the student within the Office of Student Affairs at the Case Western Reserve University School of Medicine, under the supervision of a staff member.

(see also: [Academic Societies Policies & Procedures: MSPE preparation](#))

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[USMLE Step 1 Requirements](#)

All students in the University Program must take the USMLE Step 1 by December 31st in the year of completion of Year 2.

Students who do not pass Step 1 may finish the specific block (basic core or research block) in which they are engaged when they receive their score, and then either:

- Take a board study elective, retake the exam, and then re-start the 3rd-year curriculum, or
- In consultation with their Society Dean, complete the remaining basic core(s), take a board study elective prior to retaking the examination, and then re-start the 3rd-year curriculum until results are known.

Students who learn that they failed the examination during the first research block may take at least one basic core prior to retaking the exam. **All students who do not pass on their first attempt are required to retake the exam within 8 weeks of completing the second basic core block.**

Students who do not pass on their second attempt may complete the rotation they are doing when they receive their score report, but must meet with their Society Dean and the Committee on Students, and must cease all future rotations until they take the examination. After taking the exam for the third time, students may begin a clinical rotation while awaiting the results.

Students who do not pass the examination on their third attempt will be referred to the Committee on Students with a formal recommendation for dismissal.

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USMLE Step 2 CS and CK Requirements

USMLE STEP 2 consists of two parts: clinical skills (CS) and clinical knowledge (CK). Together these exams assess whether students can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under their supervision and include emphasis on health promotion and disease prevention. Step 2 ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine.

Students should complete the USMLE Step 2 CS by November 1st of their final academic year.

Students are required to take the USMLE Step 2 CK by January 31st of their intended year of graduation.

USMLE Step 2 CS and CK Policy:

- Successful passage of USMLE Step II CK and CS is required to receive the MD Degree
- Students have three attempts to pass USMLE Step II CK and three attempts to pass USMLE Step II CS. Consistent with NBME policy, a fourth attempt at either examination may be granted under extraordinary circumstances.
- These three attempts must be completed within six years of passing USMLE Step I.

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Committee on Students

The Committee on Students is a standing committee of the Faculty of Medicine charged with the responsibility of reviewing the total performance of all students in the School of Medicine. The Faculty of Medicine delegates to the Committee on Students the faculty's authority for decisions on student standing and student promotions and graduation. The Committee on Students also recommends to the Faculty of Medicine candidates for the award of the degree of Doctor of Medicine.

Membership

The Committee on Students is composed of at least nine voting members, including the committee chair. Nine members are elected by the Faculty of Medicine from among its membership; the Dean of the School of Medicine has the prerogative of appointing up to four additional voting members. At least four members are from preclinical departments and at least four members from clinical departments. A Dean's designate serves *ex officio* with vote. The following individuals serve *ex officio* without vote: the Vice Dean for Medical Education, the Senior Associate Dean for Students, the Associate Dean for Student Affairs, the Assistant Deans for Students, the Associate Dean for Admissions, and the Registrar who serves as Secretary. The Committee on Students may invite others to its meetings.

Function

The Committee on Students conducts detailed reviews of the total performance of any student referred to it. Review of student performance within the curriculum is not limited to the scores from examinations or performance in the clinical clerkships. Review by the Committee on Students includes professional attitudes and behavior as well as compliance with the university's Standards of Conduct. Medical school education entails the mastery of didactic, theoretical, and technical material, as well as the demonstration of appropriate professional and interpersonal behavior, sensitivity, sense of responsibility, and ethics, and the ability to conduct oneself suitably with patients, colleagues, co-workers and others. Unprofessional activities may also be subject to a formal university disciplinary action. The University Disciplinary Process is described in the Undergraduate Student Handbook.

Members of the Medical School community should bring evidence of violations of the Standards of Conduct to the Society Deans. The Society Deans, Deans of Student Affairs, and/or their designees have the right to investigate any issue(s) of Standards of Conduct violations, academic performance, and/or professional behavior or attitudes. The Society Deans may then determine if any issue should be brought to the attention of the Committee. If a Society Dean

believes that there is sufficient basis to bring any issue(s) to the Committee, then before the Committee meeting, the Society Dean shall inform the student in writing of the issue(s) to be addressed by the Committee and the possible range of sanctions. The student shall be advised in writing that any information he/she wants to submit in response, including documents and witness statements, should be submitted in writing to the Committee before its meeting.

The Committee shall then review the written document prepared by the Society Dean and/or his or her designee that was provided to the student and any written response thereto. The Committee shall also have the discretion to hear from the Society Deans themselves. The Committee shall have the discretion to hear from the student at any point in the review process, and to question the student on any matter relevant to the student's academic performance, Standards of Conduct violations, professional behavior or attitudes. The Committee also has the discretion to consider and review any other evidence, including any documents or testimony from witnesses. Formal rules of evidence are inapplicable to the Committee's meetings. The Committee has the discretion to determine whether the student may be present and/or participate in the meeting, but the student does not have such a right.

The review process is done in order to determine the best course of action for each individual student. This Committee is responsible for all determinations of promotion and graduation, repetition of a portion of the curriculum, and any sanctions including dismissal from the School. The Committee's decision on a student need not be unanimous, but is by majority vote. Actions from the Committee on Students are noted in the student's permanent record and in some cases appear on the official transcript of the School. The Society Dean shall notify the student in writing of the Committee's decision and actions taken.

Appeals Process

Any student has the right to request an appeal hearing for reconsideration of a decision made by the Committee on Students concerning herself/himself. Notice to request a hearing must be presented in writing to the Society Dean within ten days of the Committee's initial decision for transmittal to the Committee on Students. The formal written request should be supplemented by a statement of the student's reason(s) for requesting an appeal and provide the names of faculty who can provide pertinent information in support of the reconsideration. At the reconsideration hearing, the student is expected to address the Committee and respond to questions. The student has the right to have a faculty advocate appear before the Committee. The faculty advocate must not be a Society Dean. No other advisor or advocate, other than the CWRU faculty member designated by the student, is permitted to accompany the student to the Committee hearing. The student and advocate are not present during Committee discussion and vote, either sustaining or altering the original Committee decision.

The Society Dean shall notify the student in writing of the Committee's decision on appeal. A student may make a further appeal following the hearing process to the Dean of the School of Medicine on the basis of the use of inappropriate procedures. Any appeal to the Dean must be made in writing, including the basis for the appeal, and submitted to the Office of the Dean no later than ten working days from the Committee on Students' decision. If not received by the Dean's Office within that time, the right to an appeal is forfeited. If the Dean finds the student's appeal to have merit, the Dean may then request that the Committee reconsider the case and relate the reasons for the request. The Committee will then reconsider the case and either sustain or alter the original action.

The Society Dean shall notify the student in writing of the Committee's decision in any matter where the Dean has asked for reconsideration. The Dean may, but is not required to, personally meet with the student. The Dean has the discretion to review the record before the Committee and, where the Dean deems it appropriate, consider any other evidence relevant to the student.

Students are entitled to review their files; under FERPA students "*have the right to request that a school correct records which they believe to be inaccurate or misleading*" or a violation of their right of privacy. The student may schedule a meeting with his or her Society Dean to request that the record be amended. If the student's request is denied, the student may appeal the decision to the Senior Associate Dean for Students or the Vice Dean for Medical Education for a hearing. The Senior Associate Dean will conduct a hearing and will make a final decision concerning whether the record should be amended. If the decision is made to not amend the records, the student has the right to place in the student's record a written statement contesting information and/or giving reason for disagreement with the decision to not amend the record.

The Committee on Students acts on behalf of the Faculty of Medicine in non-academic disciplinary matters involving medical students. The Committee on Students will uphold the Standards of Conduct and Judicial Procedures as described in the Case Western Reserve University Undergraduate Student Handbook.

Interim Separation prior to the meeting with the Committee on Students (COS)

The medical school, through the Office of the Vice Dean for Medical Education and the Office of Student Affairs, reserves the right to suspend any student whose behavior indicates that his or her continued presence on campus or at academic/clinical sites constitutes a danger or disruptive force to the normal functions of the institution, the sites, to property, to others, or to the student him/herself. The process for this separation involves the following steps:

1. To the extent reasonably appropriate, the student will be notified in writing of the interim suspension and the reasons for the action.
2. To the extent reasonably appropriate, the student will be provided with a preliminary meeting with the Vice Dean for Medical Education, the Senior Associate Dean for Students, the Associate Dean for Student Affairs, and the Chair of the COS (either in person or via teleconference).
3. The student may be required to have a psychological evaluation, the results of which may be used in the hearing.
4. The formal meeting with the COS will follow the procedure outlined under the normal disciplinary process.

updated 3/18/14

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Graduation Requirements

In order to receive the MD degree from the Case Western Reserve University School of Medicine, students must:

1. Satisfactorily complete all Basic Science and Clinical components of the School of Medicine curriculum
2. Pass the USMLE Step 1 and USMLE Step 2 CK and CS.
3. Satisfactorily complete their MD Thesis
4. Meet all financial obligations in a timely fashion to the University
5. Be approved to graduate by the Committee on Students

Participation and Attendance Policy

Policy submitted by the Office of Curricular Affairs, July 2009

Introduction

At CWRU School of Medicine, students are considered junior colleagues. Here, student professionalism is valued equally as highly as mastery of the basic sciences and clinical skills; therefore, participation and attendance in WR2 are fundamental to meeting these professional and curricular responsibilities.

When the SOM confers the M.D. degree, the faculty is attesting not only that the student has achieved a level of competency as measured by performance on tests, but that the student has shown a commitment to professional responsibility and has also participated in the entire educational experience that is defined by the curriculum, the LCME and the state of Ohio.

Attendance is required in all instances where students collaborate or patients are involved. When students collaborate in the process of learning, the quality of what goes on depends on the contributions and interactions among the participants. Failure to attend and collaborate harms the knowledge exchange for the individual student and the group. Because the group setting involves putting one's thoughts into words to teach others, students can advance their learning in a group setting in ways that are not possible when studying independently.

Attendance at patient based activities is required out of respect for the individuals that allow us to learn from their lives.

In all instances, students must be on time and well prepared.

Policy for the Foundations of Medicine and Health (Pre-Clerkship Curriculum)

On time attendance is required at:

- Classes and venues that require student collaboration
 - IQ groups
 - FCM Seminars
 - Medium Sized Groups
 - Anatomy Sessions with Cadavers
 - Musculoskeletal week
- Classes and other Venues Involving Patient Participation
 - RAMP
 - CPCP
 - Physical Diagnosis
 - Communication Workshops
 - Medical Interviewing Sessions
 - Clinical Immersions - Attendance is required at all sessions during the week

CONSEQUENCES: Failure to attend or repeated tardiness is a failure of professionalism

The Office of Curricular Affairs tracks attendance and tardiness for the required learning experiences.

- Students who have any unapproved absences or repeated tardiness for a given activity (e.g. IQ group) will receive a designation of **"Does Not Meet"** for that activity of the Block. A student who receives a "Does Not Meet" designation in any activity of a block due to attendance or tardiness issues will receive an overall Block decision of **Does not Meet Criteria with Targeted Remediation Required**.
- A student who "does not meet criteria" in any block meets with his/her Society Dean and the IQ Directors to design a remediation plan which may involve small group meetings around professionalism, required research and writing on professionalism and development of an educational contract. Documentation of the remediation plan and its successful completion must be included in the Professionalism competency essay in the student's summative ePortfolio.
- A pattern of professionalism lapses can result in comments in the Dean's letter and/or a referral to the Committee on Students.

Life events

The medical school acknowledges that unpredictable events affecting attendance can and do occur. When these situations (such as medical emergencies, important changes in life circumstances, parenting issues, etc.) arise, the faculty will work with the student to find a solution. As soon as a student becomes aware of a situation that might affect fulfilling course obligations and attendance requirements, or influence the course of study, it is the responsibility of the student to consult promptly with his/her Society Dean.

Religious Practices

The CWRU SOM policy on religious observations follows that of the University which states that any student in an educational institution who is unable, because of his or her religious beliefs, to attend classes or to participate in any examination, study or work requirement on a particular day shall be excused from any such examination, study or work requirement. The student shall be provided with an opportunity to make up such examination, study or work requirement that she may have missed because of such absence on any particular day, provided that such makeup examination or work does not create an unreasonable burden upon the school. The school expects students to use careful discretion in judging the importance of a particular observance. It is the responsibility of the student to inform his/her society dean in advance as to whether or not she will be absent due to a particular religious observance.

Vacations

Student vacations are limited to the periods specified by the official academic calendar. **Students may not "bookend" their vacations by missing required activities to lengthen their time away. Required activities will take place as scheduled on the day prior to and the day following a vacation (i.e., IQ groups and other required activities will not be rescheduled).**

Student Managed Flex Days

The attendance and participation policy respects individual student needs for some flexibility in scheduling academic and personal responsibilities. All students therefore have flex days that they may request at their discretion. If there is a need for flexibility beyond the flex days, students can work with their society deans to find solutions that address their individual circumstances.

Students have the opportunity for up to **3 flex days** in year 1 [Blocks 1-4] and **2 flex days** in year 2 [Blocks 5-6]. *Examples of flex day absences include weddings, family occasions, social obligations, summer job interview, family illness, child's school conference, etc.* Students need not provide a reason for requesting a flex day. Flex days do not carry over from year 1 to year 2.

Flex days may not coincide with the final IQ session of a block, clinical immersions, examination days, or be utilized immediately preceding or following vacations ("bookending").

Requesting Flex Days and Other Absences

There are important **limitations** to requesting flex days: 1) flex day absences will not be granted to "bookend" any official school vacations or holidays (including 3-day weekends), during clinical immersions, on examination days, or on the final IQ session of a block; 2) the curriculum contains several categories of unique small group sessions that are not feasible to recreate (RAMP, CPCP preceptorships, simulator sessions, communications workshops). Where possible, student rescheduling is supported, with timely communications that include all parties. Otherwise, such sessions are not eligible for "excused" absences.

Absences other than flex days must be approved by the Society Deans to be considered excused. *Some examples of other approved absences include personal illness, personal or family emergency, religious observance, or speaking at a conference.* These absences will generally not be approved during clinical immersion weeks, on examination days, or to "bookend" any official school vacations or holidays.

Out of respect, the student should discuss his/her planned absence with all faculty and students involved once approval for a flex day or other absence is received.

Procedure for Submitting a Request for Flex Days and Other Absences

A student who needs to miss scheduled/required activities must request approval at least **THREE working days in advance**. The request must be made by submitting an **Absence Request Form**, available on the portal as well as on the Student Affairs and Curricular Affairs websites.

- Requests for **flex days** can be made by completing an Absence Request Form and submitting it for approval at least three working days in advance. In the event that a student unexpectedly would like to request a flex day, he/she should submit the request immediately and email dawn.burke@case.edu in the Office of Curricular Affairs to ask to be considered for a delayed approval.
- Requests for an **absence other than flex a day** must be approved by the student's society dean. The student completes an Absence Request Form at least three working days in advance, checks the option "other absence," and provides a reason for requesting a non-flex day absence. The student may wish to discuss the request with his/her society dean. The request will be sent electronically to the student's society dean for approval.
- **Unexpected illness and other personal or family emergencies** will obviously be handled in a different time frame, but with the same process, i.e. requests for approval of absences due to illness and other personal or family emergencies must be made using the Excused Absence Request, even if the submission is made after the affected sessions have occurred.

Individual faculty leaders for any activity are not authorized to approve absences. They are required to keep track of attendance and tardiness and submit reports to their program directors. Tracking of Clinical Immersion attendance is determined by the block leaders.

Policy for Clinical Rotations

Attendance and punctuality during all aspects of clinical rotations are expected and considered an important part of a student's evaluation. Unless the absence in question is entirely unanticipated (death or serious illness in the family), students must enter their requests using the **Absence Request Form for Clinical Rotations**. Students must discuss their absences with the appropriate people before submitting the form (see guidelines below). This policy applies to all clinical rotations (Basic cores, Advanced Cores, Acting Internships, and Electives). The **Absence Request Form for Clinical Rotations** and the **Instruction Sheet** are available on the portal, the Office of Curricular Affairs and Office of Student Affairs websites and from all basic and advanced core administrators.

Note, flex days do not apply to clinical rotations - all absences must be requested in advance.

IQ+ Groups (Friday afternoon required curriculum)

IQ+ groups serve to integrate emerging basic science and advanced clinical skills into the patient care rotations. They depend on collaborative and inter-dependent learning. For these reasons, attendance and full participation in IQ+ groups is required of every student. IQ+ faculty assessments are given to the respective clerkship discipline leaders and used as a part of the review of the student's clinical rotation performance.

Limited absence that can be approved by the Discipline Leader or IQ+ Director:

- Limited to 3 days and
- Involves clear-cut reasons such as meeting presentation, major events involving close family (weddings, funerals, etc.)
- Missed curricular content (such as case conferences, simulation activities, etc.) would need to be made up at the discretion of the director.
- Absence that affects the Friday afternoon IQ+ curriculum needs to be approved by the IQ+ directors. **Please note that all of these Friday absences must be approved separately from any conversation with the clerkship director or discipline leader.**

Absence that would require discussion with Discipline Leader/Course Director and Society Dean:

- Repeated absence in one Basic Core Block, Advanced Core, Acting Internship or elective for any reason or absence greater than three days.
- In the event that any leave beyond 3 days is approved, both the content and time of this additional leave would need to be made up in a fashion acceptable to the educational leadership.

Guidelines for a Leave of Absence

Requests for a leave of absence must be approved by the Associate Deans for Student Affairs.

A leave of absence must be completed in one year. A second year may then be requested. The MD degree must be awarded within six (6) calendar years of first matriculation, except for those students in the Medical Scientist Training Program (MSTP).

Students returning after a leave of absence for elective reasons who are entering Year III will select clerkships after all students in the entering third-year class have made their clerkship choices.

Students returning after a leave of absence for elective reasons will pay tuition at the level of the class they join.

Students on any kind of leave of absence are responsible for clearing all their financial obligations (loans, health insurance, computer, other) through the Office of Financial Aid.

Students on a leave of absence who have not completed one full semester should note that during the leave absence they are:

- Not eligible for the University sponsored student medical plan,
- Not covered under the University medical malpractice liability insurance,
- Responsible for arranging for any applicable loan repayment grace period.

All students on a leave of absence must notify their Society Dean of their intent to re-enter school by the April 1 preceding the academic year of re-entry.

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Special Services and Accommodations

Students with documented disabilities may be eligible for special services and accommodations. To initiate the process, a written request for accommodations should be submitted to the Coordinator of Disability Services in [Educational Services for Students](#) (ESS). Further information on how to proceed appears in [Appendix I, Disabilities and Accommodations](#).

Medical Liability

It is the policy of the School of Medicine that medical students can diagnose or treat a patient only under the supervision and control of a licensed clinical faculty member. If in doubt, students must ask the faculty member for clarification.

The School of Medicine endeavors to select students carefully, to evaluate students thoroughly, and to provide adequate supervision in the clinical setting. Clinical faculty members must supervise and evaluate students appropriately. It is the right and obligation of a faculty member to define and, if appropriate, curtail an individual student's activities consonant with the student's abilities and trainee status.

All students must wear their identification badges that clearly designate their student status and are to be introduced to patients as trainees. However, the trainee status of a medical student does not allow delivery of substandard care.

All medical students, upon becoming aware of any alleged injury, incident, claim or suit involving themselves must notify the Office of Student Affairs in the School of Medicine immediately. Failure to do so may jeopardize any insurance coverage otherwise available.

Students are provided liability coverage when engaged in patient care as part of their educational program and when supervised by a licensed clinical faculty member. Such coverage extends only while officially registered as students and not during vacations, leaves of absence, or other periods of non-student status. Coverage does not extend to activities undertaken outside of the educational program. Any questions concerning liability issues involving patients should be directed to the Office of Student Affairs.

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Immunization Policy

In order to assure that all students are protected against preventable communicable illness, these requirements must be met prior to matriculation.

1. Print and complete the General Medical Form and Immunization Record which can be found by clicking on "New Student Medical Packet" at <http://studentaffairs.case.edu/health/forms/>. The instructions and a return envelope are sent to all new students by the Office of Admissions. It is however, the responsibility of each student to obtain and complete the forms and submit them to the University Health Service.
2. The immunization history should be completed and signed by a physician or the student may send a copy of her/his school immunization record.
3. For the protection of the University community, the University requires that all entering students be immunized with 2 doses of Measles, Mumps, and Rubella (MMR) or provide proof of immunity by antibody titer. The student is also required to have had a Tetanus/Diphtheria/acellular Pertussis (Tdap) booster within the past 10 years.
4. Medical students do encounter certain exposure risks when caring for patients with infectious disease. Medical students can also expose patients, some of whom have compromised immune status to infectious diseases. Therefore, the School of Medicine has adopted three additional requirements:
 - a. Two tuberculin skin tests (PPD) done in the United States within 12 months preceding matriculation -- the second of which must be done within 3 months of matriculation, create a baseline for subsequent annual PPD testing. Individuals having received BCG vaccine may comply with an Interferon Gamma Release Assay (IGRA) blood test within 3 months of matriculation. (If the PPD has been positive in the past, records of the PPD and chest x-ray must be provided.)
NOTE: Tuberculin testing is provided by the Health Service at the beginning of each school year at no cost to the student.
 - b. Hepatitis B vaccination (a series of 3 doses of vaccine).
 - c. A documented history of Varicella (chicken pox) illness OR immunization with 2 doses of Varicella vaccine (Varivax) OR documentation of a positive Varicella antibody titer. If the antibody titer is negative, then vaccination with 2 doses of Varivax is recommended.
Students may be delayed in starting some clinical activities by lack of compliance with these immunization requirements.

5. Students who have not been immunized because of religious beliefs or valid medical reasons must provide documentation certifying that fact prior to matriculation. In the event of an outbreak of such diseases, these individuals could be excluded from academic and clinical activities.

Infectious Diseases

Physicians and medical students have a long and honored tradition of caring with compassion and courage for patients afflicted with infectious diseases. That tradition is highly valued at CWRU, and CWRU students and faculty will continue to uphold it. The School of Medicine provides education in the biological, clinical, and psychosocial aspects of infectious diseases, such as AIDS, tuberculosis, hepatitis, and influenza. Students are taught to use precautions that should avoid or minimize risk. The faculty and affiliated hospitals care for such patients in a competent, ethical, and humane manner. In their educational program students participate in the care of infectious patients and must be aware of the risks stemming from contact with the blood or secretions of such patients. Students are expected to participate with appropriate safeguards in the care of every patient whose care and condition is within the students' current realm of responsibility and competence even though the patient may be infectious. Students are not expected to learn procedures known to present some inherent hazard on patients known to present some unusual risk. Students should advise their supervisors when the combination of their level of expertise and the disease state of the patient constitute a greatly increased level of risk to themselves or their patients.

Students who themselves have a communicable disease have a responsibility to their patients, peers, staff, and faculty to take all steps to prevent the spread of disease. These individuals must obtain the care of a physician who is qualified to treat the disease or infection and its complications. These individuals must identify themselves as medical students to the physician and explain the extent of their responsibilities for patient care. These individuals should also report their disease state to the Office of Student Affairs. The School of Medicine holds this information in the strictest of confidence but may not allow the student to care for patients when such contact might place patients at risk. It is the responsibility of the students to follow the advice of their physician and the School of Medicine and to follow all current guidelines for health care workers provided by the Centers for Disease Control. Training in these guidelines is offered annually through the Office of Student Affairs.

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Case School of Medicine Current Communicable Disease Policy

Mission of the Communicable Disease Policy

- To assure that patients in a hospital or clinical setting are not at risk when cared for by students infected with Hepatitis B (HBV), the human immunodeficiency virus (HIV), or other communicable diseases.
- To minimize the risk to students of infection with HBV or HIV when placed in a hospital or clinical setting for clerkships.
- To minimize the risk of HIV-infected students developing serious complications from clinical assignments.
- To provide students infected with HBV or HIV with counseling on medical and career options.
- To respect the privacy rights of students and facilitate students' voluntary cooperation by keeping all medical information on students confidential to the extent possible.
- To require self-reporting of HBV or HIV by students to a confidential Review Panel, similar to the self-reporting that is required by law for physicians licensed in the State of Ohio.

Summary of Policy for Hepatitis B, HIV and Other Communicable Diseases

- All medical students must provide documentation verifying that they are protected from acquiring or passing on HBV, in accordance with the procedures set out in Section IIIA, Hepatitis.
- The School of Medicine encourages all students to know their HIV status.
- This communicable disease policy and the self-reporting requirements apply to all students in the Medical School, regardless of year.
- All students must self-report chronic infection with HBV or HIV to the School of Medicine's Communicable Disease Review Panel ("the Review Panel"). This requirement is intended to assure that students' clerkships in a hospital or clinical setting are tailored so as to protect patients from risk when cared for by these students and so that students receive appropriate counseling on medical care and career options. The Review Panel and/or the student will notify the student's attending physician and the hospital(s) or clinic(s) to which the student is assigned of the student's medical condition, so that the clerkship can be adjusted if necessary. The Review Panel considers each case on an individualized basis.
- Medical students who test positive or contract a communicable disease *other than HBV or HIV* that is reportable to the Ohio Department of Health (see [Appendix V](#)) and is listed in (see [Appendix IV](#)), must report the illness to the University Health Service. The University Health Service will consult with the student, the student's attending physician, and the hospital(s) or clinic(s) can take steps to minimize the risk of spreading the disease to patients.

Policy and Procedures

Hepatitis B

■ Requirements for all medical students

All medical students must be protected from acquiring or passing on Hepatitis B (HBV). Medical students can fulfill this requirement by using one of the methods set out below:

1. Receive the series of 3 HBV vaccinations (usually given at birth in the U.S.).
2. Show documentation of immunity with a blood test.

These requirements **MUST** be completed before any student will be permitted to begin any clerkship or any Type A clinical elective involving patient contact.

All documentation shall be submitted to the University Health Service. The University Health Service will keep all medical testing and results confidential to the extent possible. Medical students should be aware that evidence of current infection with HBV is by law reportable to the Department of Health.

The University Health Service shall ensure that all laboratory tests are conducted by an accredited laboratory at the lowest possible cost to the student.

■ Requirements for Students with Previous HBV Infection

For those medical students with previous HBV infection, the following applies:

1. If the student documents a positive Hepatitis B surface antibody test (HBSAb), nothing further needs be done.
2. If a student is a chronic carrier of HBV, each case will be reviewed on an individual basis.
3. A student who tests positive for Hepatitis B surface antigen must have further testing (such as testing for Hepatitis e-antigen and HBV DNA), performed either at the University Health Service or by their treatment physician, to determine the level of infection.
4. If the student is found to be e-antigen positive or otherwise believes or has reason to believe that he or she is infectious, the student must self-report this fact within a week to the Associate Dean for Student Affairs, who is a member of the Review Panel (216-368-2212).
5. Medical students who learn that another medical student is infected with HBV shall advise the infected medical student of the duty to report the fact to the Associate Dean for Student Affairs.
6. Students who are chronic carriers may be referred to hepatologists in the community for further evaluation and treatment of this condition.

HIV Policy

1. For protection of patients, to assist infected medical students with obtaining appropriate medical guidance and career counseling, and to minimize serious complications for the infected student, the Medical School encourages all medical students to know their HIV status.
2. HIV screening is available from the University Health Service or at other testing sites in Cleveland.
3. All HIV-related testing is conducted in accordance with Ohio law, and health care consent policies for HIV testing.
4. Medical students who believe or have reason to believe that they are infected with HIV must self-report that fact within twenty-four (24) hours to the Medical School's Communicable Disease Review Panel ("the Review Panel"). Students should do this by notifying the Associate Dean for Student Affairs, who is a member of the Review Panel (368-2212). See procedures for governing Review Panel set out in Section C below.
5. Medical students who learn that another medical student is infected with HIV shall advise the infected medical student of the duty to report the fact to the Review Panel.
6. Medical students who believe or have reason to believe that they are infected with HIV should seek immediate medical care. If requested, students who are infected with HIV may be referred to physicians in the community or at the University Health Service for further evaluation and treatment of this condition.

Review Panel Procedures

1. Each medical student infected with HBV or HIV must participate in a confidential review and monitoring process conducted by the Communicable Disease Review Panel. The Review Panel will handle each infected medical student's situation on an individual basis. Through this review process, the Review Panel will tailor the infected student's clinical clerkship program so as to attempt to minimize the risk to patients for whom the student will be caring and minimize the risk of serious complications for the infected student.
2. The Review Panel generally will consist of the Director of the University Health Service, the Senior Associate Dean for Students, the Associate Dean for Student Affairs, the Vice Dean for Medical Education and Academic Affairs, and other faculty members in health sciences with expertise in infectious disease and/or infection control. The student's treating physician and a representative of the University Attorney's Office will be consulting, but not voting, members of the Review Panel.
3. The Review Panel will conduct a confidential review of the student's condition, the student's clinical schedule, and the possible impact the condition may have on the student's patients and clinical work.
4. In order for the Review Panel to make appropriate recommendations as to the infected student's medical school program, the infected medical student will be asked to identify in writing his or her treating physician, and to notify the Review Panel as to any change in treating physician. The infected student will be asked to authorize release of medical information to the Review Panel and to the hospital(s) or clinic(s) where the student will be performing clerkships or clinical work. The Review Panel will consult with the student's treating physician as part of its review process.
5. The Review Panel will make recommendations on any restrictions that should be placed on the student's clerkships and/or precautions that must be taken during clerkships or other clinical work. Such limitations may include that all third-year rotations be done at a single hospital, that the student perform non-invasive clerkships first before performing invasive clerkships (e.g., surgery and obstetrics and gynecology), or that the student not be permitted to engage in invasive procedures during clerkships such as surgery and obstetrics and gynecology.

6. The Review Panel will, when appropriate, advise the student and make recommendations on appropriate infection control techniques and universal precautions.
7. Before notifying the student of its recommendations, the Review Panel will forward its proposed recommendations to the Dean of the Medical School, who may make modifications to those recommendations. As part of this process, the Review Panel may disclose, to the extent necessary, information concerning the student's status and the Panel's recommendations to the Dean, so that the Dean will have adequate information to review the situation.
8. Following the Dean's approval and/or modifications, the Review Panel will document the restrictions or precautions to be placed on the student and notify the student as to the restrictions or precautions in writing. The Review Panel or its designee will then take steps to assure that these restrictions or precautions are implemented in arranging the student's clerkships or other clinical work.
9. The Review Panel or its designee shall report to the hospital(s) or clinic(s) to which the student is assigned the student's HBV or HIV status and of the Review Panel's recommendations for precautions or restrictions, if applicable. The Review Panel will make this report and submit other documentation as appropriate to the Hospital Epidemiologist or Infection Control Review Panel for the hospital(s) or clinic(s). The hospital's epidemiologist or infection control review panel can then determine precautions or restrictions, if any, that should be implemented during the clerkships. The Review Panel will advise the hospital(s) or clinic(s) on the confidentiality of the information disclosed.
10. The Review Panel may also conduct a review to determine whether any patients treated by the student were at a significant risk of exposure to HBV or HIV.
11. The infected student shall not perform or participate in any invasive or exposure-prone invasive procedures without the approval of the Review Panel through the review process set out above. Medical students with HBV or HIV must adhere to universal precautions when performing any invasive procedure in a clerkship or clinical work.
12. The Review Panel or a designee of the Review Panel (such as the Associate Dean for Student Affairs of the School of Medicine) will meet with the infected student periodically to assure that the student is complying with the restrictions placed on his or her clerkships and program of study, and to discuss any problems the student may be experiencing. Alternatively, the Review Panel may require the student to submit periodic confidential written reports updating the Review Panel on clerkship activities and clinical work and any problems the student may be experiencing. The Review Panel also may consult with the student's treating physician to obtain updated information on the student's condition.

Confidentiality and Career Counseling

1. The Review Panel will, to the extent possible, hold in strict confidence all information in its possession relating to the HBV or HIV status of a medical student. The Review Panel may disclose information relating to a student's HBV or HIV status, to the extent necessary, to the hospital or clinical setting at which the student is performing clerkships in order for the hospital's epidemiologist or infection control review panel to tailor the medical student's clerkships or clinical work. The Review Panel also may disclose, to the extent necessary, such information to the Dean making a final decision under this policy or hearing an appeal filed by a student. The Review Panel also may disclose, to the extent necessary, such information to other administrators or faculty within the Medical School in connection with a disciplinary action involving the student's violation of this policy. Medical students should be aware that evidence of infection with HBV or HIV is by law reportable to the Department of Health.
2. When possible, the Review Panel will not discuss the name of the infected student during their review, but instead will discuss the situation anonymously.
3. Medical students should also be aware that the University Health Service may be obligated to inform the Review Panel of a student's HBV or HIV status if the University Health Service believes that the student poses a threat to patients under the particular circumstances of the case.
4. Students may obtain career counseling regarding their HBV or HIV status from the Review Panel, at the University Health Service or at the Medical School, if the student wishes to divulge this information to those offices.

Sanctions for Violation of the Policy

1. If the Medical School learns that a medical student is aware of their infection with HBV or HIV but has failed to report this status to the Review Panel as required above, the medical student may be subject to disciplinary action, up to and including expulsion from the Medical School.
2. The Review Panel has the right to require the student to enter into the confidential review and monitoring process as set according to the established policy.
3. If an infected medical student fails to a) follow the restrictions or recommendations of the Review Panel, b) use universal precautions, c) conform to minimal standards of care, or d) otherwise take steps to ensure patient safety, the Review Panel may notify the Medical School's Associate Dean for Student Affairs, who may take appropriate disciplinary action, including but not limited to oral or written warning, suspension from clinical exposure and referral to the Committee on Students for disciplinary action.

Policy Concerning Other Communicable Diseases

1. If a medical student is engaged in any Type A clinical elective or clerkship or otherwise has patient contact and tests positive for any other communicable disease other than HBV or HIV that is reportable to the Department of Health and is listed on [Appendix IV](#), that student must report the disease to the University Health Service. See [Appendix IV](#) for a list of diseases that must be reported to the University Health Service.

2. The University Health Service will consult with the student to advise the student on requirements for minimizing the spread of the communicable disease.
3. When appropriate, the University Health Service also will advise the student of the need to notify the hospital(s) or clinic(s), and the attending physician, to which the student is assigned of the student's condition, so that the hospital(s) or clinic(s) can determine what restrictions, if any, need to be placed on the student's interaction with patients or what precautions the student must take. The University Health Service will work with the student to assure that the hospital(s) or clinic(s) receive(s) notice of the communicable disease either by the student self-reporting the disease either by the student self-reporting the disease or the University Health Service reporting the disease to the hospital(s) or clinic(s).
4. The student must follow the restrictions or precautions set out by the University Health Service and/or the hospital(s) or clinic(s) at which the student is performing the clerkships or clinical work.
5. Failure of a student to report one of the listed communicable diseases to the University Health Service may result in disciplinary action, including but not limited to oral or written warning, suspension or expulsion. In addition, failure of a student to follow the restrictions or precautions placed on him or her by the University Health Service and/or the hospital or facility at which clinical work is performed may result in disciplinary action.
6. The Review Panel reserves the right to review and monitor students with communicable diseases other than HBV and HIV when the Review Panel determines that patients may be at risk because of the condition or that additional precautions are necessary to assure patient safety.

Appeals

Students may request reconsideration of any decision or recommendations of the Review Panel by requesting in writing that the Review Panel by requesting in writing that the Review Panel reconsider the decision or recommendations. The request for reconsideration must be submitted to the Review Panel within five (5) working days of the Review Panel's decision. If the student seeks reconsideration, the student is permitted to appear before the Review Panel to present information on the issue. The Review Panel may affirm its prior decision and/or recommendations or modify them. Before notifying the student of its decision on the reconsideration request, the Review Panel will forward its proposed decision to the Dean of the Medical School for approval and/or modifications. The Review Panel will provide to the student in writing the decision on the reconsideration request, including any modification in its decision and/or recommendations.

Any decision of the Review Panel or any other decision made pursuant to this Policy can be appealed to the Dean of the Medical School. The appeal must be submitted in writing within ten (10) working days of the date of the decision being appealed. The decision of the Dean is final.

Needle Stick Injuries and Occupational Exposures

Students who in the course of their clinical experiences or laboratory work experience a needle stick injury or occupational exposure to bloodborne pathogens should contact the 24-hour needle stick hotline maintained by the University Health Service: (216) 368-2450. The University Health Services website for medical students regarding post-exposure followup on needle sticks is: <http://studentaffairs.case.edu/health/needlestick/medical.html>

The student on a clerkship or clinical elective in one of the affiliated hospitals should, in addition, contact the designated individual, usually infection control personnel or an infectious disease staff member, for up-to-date medical advice at the time of the occurrence. The University Health Service can provide ongoing information and advice following the acute incident. The Associate Deans for Student Affairs, Dr. Robert L. Haynie or Dr. C. Kent Smith, should be informed of these occurrences, so that they can offer information, advice, and support for the student. Reporting of injuries and occupational exposures is also critical to the development of effective policies and procedures.

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Tuition Policy

For Medical Students in the University Program (exclusive of MSTP and other MD/PhD programs)

Students enrolled in the MD program or specified dual degree programs within the SOM (e.g., MD/MPH, MD/MA Bioethics, MD/MS) will be assessed four consecutive years of annual tuition or eight semesters, beginning with Year 1, as a requirement of graduation.

There are instances when students can be required or may elect to take a fifth year:

Research and/or Academic Enrichment (additional graduate coursework)

1. Students matriculating **before Fall 2013** who take a fifth year to complete additional graduate school coursework or combined master/MD degrees within the SOM will be assessed four consecutive years of full MD tuition and will pay a Continuation Fee* in lieu of tuition during the fifth year.
2. Students matriculating **in Fall 2013** or later who take a fifth year to complete additional graduate school coursework or combined master/MD degrees within the SOM will be assessed four consecutive years of full MD tuition and will pay 25% of the then-current MD tuition rate during the fifth year.

3. Students who elect to extend their MD program by a fifth year to complete a research project or who participate in academic enrichment will be assessed four consecutive years of full MD tuition and will pay a Continuation Fee* in the fifth and final year.
4. Students enrolled in a dual degree program outside the School of Medicine (e.g., Dentistry, Law, Management) will have different tuition requirements based on the specified program. The semesters in which students are required to take a leave of absence from the medical school in order to complete program requirements in another school will not be assessed a Continuation Fee or medical school tuition.

Remediation

Students who must repeat Years 1 and/or 2 for academic reasons will be assessed four consecutive years of full tuition and will pay 50% of the then-current tuition for each additional year. Students who must repeat any year for any other reason (e.g., Disciplinary) must pay full tuition for the additional year and for all subsequent years until graduation at the then-current rate.

Other

Tuition adjustments related to personal or health issues for the student or his/her spouse/domestic partner will be determined on a case-by-case basis.

* The Continuation Fee is 5% of the then-current annual MD tuition and maintains a full-time student enrollment status, malpractice insurance coverage and eligibility for health insurance. Tuition rates subject to annual review by the Office of the Dean.

Effective July 1, 2013

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Student Records

Student records are handled in accordance with federal and state laws and as outlined by the Family Educational Rights and Privacy Act of 1974 (FERPA) which identifies certain rights that students have concerning their education records. See University policy regarding [FERPA compliance](#).

First, the University may not release personally identifiable student records to a third party, with certain specific exceptions, unless the third party has requested the information in writing and the student has consented, in writing, to its release. The University may release directory information about a student, unless the student submits a written request that any or all such information not be released.

Second, a student may request, in writing, an opportunity to inspect and review the student's official files and records maintained by the University and may, if appropriate, challenge the accuracy of those records. The University is permitted a reasonable time, not to exceed 45 days, to respond to such a request. Under FERPA regulations, students "have the right to request that a school correct records which they believe to be inaccurate or misleading" or a violation of their right of privacy. The student may request that the record be amended. If the request is denied, the student may appeal the decision to the Senior Associate Dean for Students for a hearing. The Senior Associate Dean for Students will make the final decision concerning whether the record should be amended. If the decision is made to not amend the records, the student has the right to place in his/her record a written statement contesting the information and/or giving reason for disagreement with the decision to not amend the record. SOM policy points to the University-wide student handbook that defines [the process that a student follows](#) when there is an apparent inaccuracy within the student's record.

Students may always approach their Society Deans or the Course Chairman to request a review of their performance. In some circumstances, a student may review an exam if it is not a "secure" exam. Students may also challenge their records or actions taken by the Committee on Students as per guidelines set forth in the Student Handbook, Committee on Students.

Third, a student may file with the Family Policy and Regulations Office of the U.S. Department of Education, a complaint concerning what he or she believes to be the University's failure to comply with FERPA.

Finally, a student may obtain from the Registrar's Office a copy of the policy which the University has adopted to meet the requirements of FERPA.

The information below is presented in compliance with the provisions of FERPA, which requires the University to notify students annually of their rights and the University's policies and procedures. Specific procedures may vary slightly among the schools and colleges of the University, and each student is encouraged to inquire at the Registrar's Office if any question arises.

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Educational Records Maintained

Semi-permanent files ("working files") for current medical students are maintained in the offices of the Society Deans (the Office of Student Affairs and the Office of the Academic Societies). Documents are added to these files over the course of each student's tenure at the SOM and include grades/evaluations, email correspondence with their deans, copies of letters of recommendation, personal learning plans, Deans' notes, and other records as appropriate. The files are kept confidential at all times and are available only to the deans, faculty or administration with a need to know.

Permanent records for each medical student are maintained by the office of the Registrar at the School of Medicine <http://casemed.case.edu/registrar/> which works in conjunction with the University Registrar to maintain the complete historical permanent record of courses and grades on computer.

The general contents of each academic file consists of:

1. AMCAS Application (all contents of the application)
2. Secondary (CWRU) Application
3. Signed letter of acceptance
4. Transcripts (all coursework prior to entrance to M.D. program)
5. Official transcript of medical school coursework

6. Official dates of enrollment in medical school (start/end dates of each academic year, dates of leaves of absence, and graduation date)
7. USMLE Examination scores, USMLE ID #, exam date and notation of pass/fail.
8. Student's clinical clerkship performance evaluations written by faculty members.
9. Medical Student Performance Evaluation (MSPE, formerly known as Dean's letter)
10. Documentation of grades changes.
11. Miscellaneous change of status forms and letters related to leave of absence, name change, etc.
12. Documentation of any final action letters of withdrawal or dismissal.
13. Documents signed by student related to other matters, e.g., health insurance, HIPAA compliance, etc.
14. Personal ID – photo.
15. Extramural/international clerkships information – grades, written evaluations.
16. ERAS letters of recommendation and other documents (are destroyed at the end of each academic year)

Other than the student, the following individuals are authorized to examine or review student academic records: the Dean and Vice Dean for Education and Academic Affairs of the SOM and the student's Society Dean.

Financial records are maintained by the Office of Financial Aid in order to administer the University's programs of financial assistance. Access to these files is normally limited to school officials, as identified by the school, who have a legitimate educational interest to review the information and, subject to the requirements of FERPA, or to those necessary for the student to obtain externally funded financial assistance:

- Parents' financial information*
- Student's financial information
- School of Medicine Financial Aid Application
- Parents' federal income tax return (IRS form 1040, 1040A, or 1040EZ)*
- Verification Forms (Dependent and Independent students)*
- Copies of application for Stafford Student Loan
- Copies of student's financial aid award
- Statements regarding assistance from outside sources
- Copies of all correspondence and interview notes related to requests for financial assistance
- Copies of draft registration compliance form
- Correspondence from a parent including a specific request that it be withheld from student*

*Items marked with an asterisk are items to which the student may not be allowed access under FERPA.

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Student Access to Files

A medical student may request, in writing to the Registrar, an opportunity to review the contents of the student's educational file. Information concerning a student's right to access educational records is available at: http://www.case.edu/provost/registrar/student_records.html.

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Transcripts

Transcripts are protected by FERPA, and are only released with the written consent of the student or otherwise permitted under FERPA. Transcripts will not be issued to, or on behalf of students who have not discharged all delinquent obligations to the University. The Office of the Registrar of the SOM (368-6137) provides an official academic transcript for a \$5.00 fee (per transcript); pay by check or credit card (all major credit cards, except for American Express); cash not accepted. Transcripts from **other** colleges within the University may be obtained from the University Registrar at Yost Hall (368-4310).

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Criminal Background Checks

The Case Western Reserve University School of Medicine participates in the AMCAS sponsored criminal background check program for all accepted applicants. Acceptances are deemed contingent pending the results of the background check. A positive response on the background check will not automatically preclude admission, and all positive findings will be reviewed by an ad hoc committee on professionalism who will then make a recommendation to the Admissions Committee. Students are required to notify the Office of Admissions with any changes that may have occurred once the CBC is completed.

Matriculated students may undergo additional criminal background checks according to policies of the school and affiliated hospitals. Any newly-discovered background check information may be reviewed by the Committee on Students as part of their ongoing student assessments as detailed in this handbook. All current students are required to notify their Society Dean of any new misdemeanor or felony convictions as well as military dishonorable discharges since matriculation.

Please note that results of any of the Criminal Background checks may be shared with any of the affiliated hospitals at their request. Affiliated hospitals will use their discretion as to whether to permit students with positive findings on their Criminal Background checks to participate in clinical activities.

Individual State Medical Boards will also exercise their discretion as to whether to grant state licenses to applicants with positive findings on their Criminal Background checks. Successful graduation from the Case Western Reserve University School of Medicine does not guarantee licensure in all states.

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OSHA, HIPAA, TB Testing Policies

OSHA: An Occupational Safety and Health Administration (OSHA) presentation is provided during first-year Orientation by the CWRU Environmental Health and Safety (EHS) department. The presentation includes Hazard Communication and Bloodborne Pathogens Training. Attendance at the initial in-person training is a requirement. Students who miss the in-person training need to contact EHS to schedule an individual training session. For questions regarding training requirements or to schedule a training session, call the EHS office at 216-368-2907.

Case medical students must remain current on all required OSHA trainings; **re-training is required annually** for Hazard Communication and Bloodborne Pathogens, but after the first in-person session, the re-training can be completed online. Go to [Training](#) on the EHS website and click on the appropriate links in the right-hand menu.

Formaldehyde Training can be completed online and does not require re-training.

Medical Students who work in research laboratories must complete **Laboratory Safety** and Bloodborne Pathogen in-person training initially (and annual online re-training) as well as any other training required by the individual research group. (This does not apply to Clinical Laboratories.) Medical school instructors are charged, under the OSHA standards, to provide additional training on the use of personal protective equipment and other methods to ameliorate hazard exposure, when students are working in these labs, such as Gross Anatomy, and when appropriate.

HIPAA Training: HIPAA (Health Insurance Portability and Accountability Act) training is provided to students as a part of new student Orientation. The training is valid for the students' first two medical school years only. Rotation coordinators can provide information about hospital-specific HIPAA training to students beginning their clinical years.

TB Testing: Tuberculin testing is provided by the University Health Service in a group setting at the medical school during July Orientation (for first-year students) and in August (for second-years, first year students who require a 2nd PPD, and third- and fourth-year students who have not taken care of this on rotations). The typical TB screening has two components: the test and the read; the read must be done within 48 to 72 hours of the test.

Students are required to have an annual TB test unless they have had a previous positive test. (Students with positive tests in the past should contact Dr. Kathy Smachlo for further instructions: kas32@case.edu.) If students take care of their TB screening somewhere other than the University Health Service, they need to submit documentation of the test to UHS so that it will become part of their record. This is especially important when they go to another hospital for a rotation and have to document their TB Screening. Students can print out a copy of their immunization records by going to: <https://myhealthconnect.case.edu> . They will be asked to enter their Case login and their birth date. Once on the site, they can click on immunizations and print out their record.

Tuberculosis screening is available at University Health Service, 2145 Adelbert Road, on any weekday but Thursday, and is available at no cost to med students. To make an appointment for the TB test, call: 216-368-4539. Appointments are required for the test, but not for the reading. For hours and other information, call 216-368-2450 or go to: <http://studentaffairs.case.edu/health/> .

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Severe Weather Policy

An important component of the education at Case Western Reserve University School of Medicine involves participation in clinical programs, for which responsibilities increase and take on unique characteristics as a result of severe weather conditions. In recognition and support of these activities, the School of Medicine may remain open during severe weather conditions, even under conditions where the University closes. This will apply to students, faculty and staff.

Should the onset of severe weather occur during regular operating hours, the decision may be made by individual departments to allow faculty, staff, or students to leave up to two hours early. Should severe weather conditions adversely affect travel time, individual departments may allow faculty, staff, and students to arrive up to two hours late.

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Building Evacuation Policy

The School of Medicine is an active research center with many potential biochemical and other flammable hazards. A system of alarms has been installed to warn and protect people in the building in the event of a chemical spill or fire. Occasionally, the inherent hazards will result in the sounding of the fire alarms. All students, faculty, and staff are required to exit the building when the fire alarms sound in their area. There are no exceptions to this rule. When fire alarms are sounded, exit the building as quickly as possible, using stairways instead of elevators.

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Smoke-Free Campus

The Case School of Medicine is committed to creating an environment that promotes general health and wellness for its students, faculty, staff, and visitors. As part of this effort, the Medical School has partnered with University Hospitals Health Systems, and the other Health Sciences Schools at Case Western Reserve University (School of Dental Medicine and the Bolton School of Nursing) to adopt a smoke-free environment policy that took effect on November 17, 2005. Smoking is banned both indoors and outdoors throughout the Health Sciences Campus. As part of the promotion of health and creating a smoke-free campus, the SOM is offering opportunities for students and staff to enroll in smoking cessation programs which will be available through the School's partnership with University Hospitals of Cleveland.

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Resources for Rules, Regulations, & Policies

Students who enroll in the School of Medicine are subject to all of the rules, regulations and policies of the School of Medicine and of Case Western Reserve University. This Student Handbook is intended to provide a general overview, rather than an exhaustive description of student rights and responsibilities. As

such, it contains references to other sources of detailed information. It is the responsibility of each student to become familiar with all appropriate policies of the University and the School of Medicine, which are subject to review and revision.

Other sources of information include:

- [The General Bulletin of the University](#)
- [The Undergraduate Handbook](#)
- The [Policies and Procedures page](#) and other pages on the [SOM Registrar's Office site](#).

For students in the School of Medicine, the Society Deans and other members of the administration monitor the policies and regulations that affect medical students. More information on specific policies and regulations can be obtained through the Office of Student Affairs.

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Student and Society Lounges

Room E-430 is the John L. Caughey Student Lounge. Located at the end of the fourth floor, the lounge features comfortable study space as well as vending machines, a refrigerator, microwaves, and a television. A glassed-in outer room offers an impressive outdoor view and is furnished with couches, tables, and chairs for study and rest. Two large Society Lounges also provide areas for study and relaxation. The fourth-floor lounge has been designated a "recreation room" with ping-pong, pool, and foos-ball tables and plans for a large screen television.

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Publications

Several new publications were launched in 2008: *Think*, a University-wide magazine, *Medicus*, a School of Medicine publication, and *The School of Medicine Alumni News*. Other established publications include the University's email newsletter for faculty and staff, and *The Observer*, the undergraduate student newspaper, available weekly.

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Bulletin Boards

Bulletin Boards near the elevators on the third and fourth floors of the east wing of the School of Medicine, feature announcements about School of Medicine seminars and events. All posted material must be dated and will be removed two weeks after initial posting. Bulletin Boards in the third and fourth floor hallways feature special announcements, important curriculum items, information on student organizations, and other news. The bulletin board outside the Office of Financial Aid (T-303) is reserved primarily for scholarship and fellowship announcements.

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Student Mailboxes and Desks

Each Year I and Year II student is assigned a specific mailbox, designated for official School of Medicine communications. Mailboxes for the Satcher and Wearn Society students are located outside the fourth-floor lecture hall (E-401). Mailboxes for the Blackwell and Robbins Society students are located outside the third-floor lecture hall (Room E-301). The School of Medicine **does not** have the facilities to provide delivery of U.S. mail to students. Year I and Year II students are assigned a laboratory desk and a locker. A key is issued so that each student can lock valuables, such as textbooks, for convenience. The School of Medicine is not responsible for student possessions in the event of loss or theft.

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E-Mail

Students and all other members of the Case community are assigned Case Network User IDs upon enrollment at Case Western Reserve University. The format of the Case Network user ID is usually the three letters representing your FN, MI and LN and sometimes followed by numbers if there is more than one person with the same three letters in his/her Case Network ID. For example: John S. Doe and Jonathan S. Delrio would both have "jsd" as part of their ID, but Jonathan S. Delrio would probably end up with a final ID of "jsd1."

The online Case Directory lists e-mail addresses of all members of the Case community.

Case email can be sent and received via web-mail and via other e-mail clients, Thunderbird or Outlook being the recommended clients. All official email from the University, including mail from faculty and administrators, will be sent to your Case email address, and you will be expected to check your email regularly.

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Computing Facilities

Each 1st and 2nd year medical student has an assigned desk on the third and fourth floors of the School of Medicine. Each of those approximately 300 desks is equipped with an Ethernet connection to the University's Gigabit network. This high speed connection provides complete access to the School of Medicine network and the Internet via the student laptop computers. Two networked high-speed Laserjet printers are available in each of the two student labs on each floor, which allows printing at 5 cents/page.

The student laptops also have wireless capability. Wireless access points have been deployed widely throughout the School of Medicine and other parts of the campus.

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University Libraries

The Cleveland Health Sciences Library, formed in 1965 by an agreement between the Cleveland Medical Library and Western Reserve University, operates in two locations: the Health Center Library and the Allen Memorial Library, which includes the Howard Dittrick Museum of Historical Medicine and the collections of the Cleveland Medical Library Association. The Health Center Library located in the School of Medicine, houses collections of the CWRU Department of Biology and the Schools of Dentistry, Medicine, and Nursing.

The University facilities contain more than 1.5 million volumes, most of which are on open shelves. These facilities include Kelvin Smith Library, which houses materials pertaining to the humanities, arts, and social and behavioral sciences; Sears Library, which contains materials pertaining to engineering, science, management, and economics; the Kulas Music Library in Hayden Hall; and the Astronomy Library in the Smith Building.

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University Bookstore

The [University Bookstore](#) is located at Thwing Center on the Case campus. The regular hours for the University Bookstore are Monday through Thursday, 8:30 AM to 5:30 PM, Friday, 8:30 AM to 5:00 PM, and Saturday 11:00 AM to 3:00 PM. The phone number for the bookstore is (216) 368-2650 and the fax number is (216) 368-5205.

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Parking

Parking privileges are offered, as space permits, to all registered students. Students may obtain information about campus parking, fees, and purchasing permits from the Parking Office in Crawford Hall, Room 18. The telephone number is (216) 368-2724.

For those third- and fourth-year medical students assigned to clerkships at University Hospitals or the Louis Stokes Veterans Affairs Medical Center (Wade Park), parking is arranged through the Parking Office in Crawford Hall (see above). Permits are usually obtained on the first day of the rotation. The Office of the Registrar submits a list to the Parking Office of all students doing rotations at the above-mentioned hospitals.

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Athletic Facilities

A variety of physical fitness facilities are available for each registered student with a valid ID.

The Veale Convocation, Athletic and Recreation Center is the home of Case athletics, physical education and intramural programs. The Veale Center houses four multi-purpose courts (which are frequently used for activities such as basketball, tennis, soccer and volleyball), a six-lane indoor track (8 laps = 1 mile) and a multipurpose aerobics room. A cardio exercise room, (with treadmills, elliptical trainers, stair-step machines, rowing machines, a gravitron and stationary bikes), a newly renovated weight room, (three separate rooms, main, power lift and hammer strength), nine racquetball courts, two squash courts, a rock climbing wall, Horsburgh Gym (used for basketball and volleyball), plus Veale Natatorium and Donnell Pool complete the facility.

Veale (along with Van Horn Field which is located directly outside of Veale), Adelbert gym, (adjacent to Van Horn) and Freiburger Field, (located on the corner of East Boulevard and Bellflower), are used for athletics, recreation, intramurals and physical education.

Additionally, a membership to One to One Fitness Center, across from the University Hospitals garage on Adelbert Road, can be obtained by calling (216) 368-1121.

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Notice of Nondiscriminatory Policy as to Students

Case Western Reserve University admits students of any race, religion, age, sex, color, disability, sexual orientation, gender identity or expression, and national or ethnic origin to all the rights and privileges, programs, and activities generally accorded or made available to students at the University. It does not discriminate on the basis of race, religion, age, sex, color, disability, sexual orientation, gender identity or expression, or national or ethnic origin in administering its educational policies, admission policies, employment, promotion and compensation policies, scholarship and loan programs, and athletic or other University-administered programs.

Mission

Case Western Reserve University is committed to providing all students (see below) with opportunities to take full advantage of the University's educational, academic, and residential programs. We recognize that students with documented disabilities may need assistance or accommodations in order to achieve this objective.

This document outlines the policies and procedures used in determining a student's eligibility for disability services. These procedures are applicable to all undergraduate students and all graduate students registered through the School of Graduate Studies, the Weatherhead School of Management, MSASS, the FPB School of Nursing, and the School of Medicine. Students in other programs should check with their student services personnel for policy information.

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Definitions

Students are defined as those who are matriculating into or enrolled in courses of study on the Case Western Reserve University campus. This includes students who are not seeking a Case Western Reserve University degree, such as transient students, non-degree seeking students, and faculty or staff taking courses.

A **disability** is a physical or mental impairment that substantially limits one or more major life activities, or having a record of such an impairment, or being regarded as having such an impairment. A physical or mental impairment is defined as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following major bodily functions: neurological; musculoskeletal; respiratory; special sense organs; cardiovascular; reproductive; digestive; immune system; normal cell growth; brain; circulatory; bowel; bladder; genitourinary, hemic and lymphatic; skin; and endocrine, or any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, eating, sleeping, standing, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

A **temporary disability** is an acute illness or injury that impacts the student's ability to access the physical campus and/or the academic curriculum.

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Initiating the Process

Students are never obligated to self-disclose their disability to Disability Resources, other staff members or faculty. However, students with disabilities who wish to obtain accommodations, auxiliary aids and/or services, must self-disclose their disability and direct their request(s) for accommodation(s) to the office of Disability Resources in Educational Services for Students (ESS). An appointment can be made by visiting ESS in Sears, Room 470, calling the office at (216) 368-5230 or e-mailing the office at disability@case.edu.

In order to proceed with a determination of eligibility for services and the provision of applicable and reasonable accommodations, students must disclose their disability using the disclosure form available through the Disability Resources webpage. Newly admitted undergraduate students may also access the disclosure form through the orientation checklist. Under separate cover, students must submit documentation of their disability to the office of Disability Resources. (See below for information regarding necessary documentation.)

While students can disclose a disability and request an accommodation at any time during their enrollment, students are encouraged to disclose the need for accommodation as soon as possible. Time for documentation review and arrangement of accommodation is necessary, and may take up to four to six weeks.

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Temporary Disabilities

Students should be aware that the University is not obligated to provide accommodations for students with temporary disabilities, but will attempt to do so when feasible.

As a courtesy, Disability Resources will attempt to provide services to students who experience acute illness or injury that will allow them to access the physical campus as well as the academic curriculum. For instance, if a student breaks the wrist of his/her dominant hand, Disability Resources may be able to provide a scribe for a test for the student. However, as is the case for permanently disabled students, the student would be responsible for all out of class work product.

If the injury or illness necessitates handicapped parking accessibility, and/or campus transportation services, the student should contact Disability Resources in ESS for assistance. Undergraduate Studies and Disability Resources will coordinate efforts to assist students needing any other services as a result of their temporary injury or illness. Graduate students should work with their respective departments or schools, and Disability Resources in ESS to obtain assistance in the event of a temporary illness or injury.

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Documentation

In order to seek appropriate accommodations for a disability, students are required to provide written documentation of their disability. Documentation must be from a qualified professional who has knowledge of the disability and of the specific student. The professional must be trained and qualified to render a diagnosis and to recommend accommodations for that particular disability. Since students with disabilities are a heterogeneous group, no single professional group is qualified to offer documentation for all disabilities. In fact, documentation concerning a student's needs may come from multiple sources. One individual may make the diagnosis, but a different professional may determine the practical limitations of that diagnosis. For example, a physician may diagnose a student with rheumatoid arthritis, but an occupational therapist may determine the physical limitations the student encounters in daily living.

Complete documentation should include a diagnosis of the disability and a prognosis indicating the **current** status of the disorder as well as the expectation for the stability of the condition. Information should also include an explanation of the nature of the physical or mental impairment and its impact on any major life activity. Any psychological or physical test data relevant to the diagnosis should be included. Finally, any history and/or recommendations for accommodations should be part of the documentation. Students are responsible for obtaining and providing Disability Resources with the documentation from a qualified professional. In addition, students may be asked to sign a release of information form, authorizing the qualified professional to disclose information to a professional staff member from Disability Resources.

The student is responsible for presenting documentation to the office of Disability Resources in English. The documentation must either be translated by a certified translator, or the disability condition and the functional limitations that result must be verified by a qualified professional who can provide written documentation in English.

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Determining Eligibility and Accommodations

Upon receipt of the documentation, the professional staff of Disability Resources will review it to determine the following: 1) that the source of the documentation is appropriate, 2) that the documentation is complete, 3) that the information in the documentation is current, 4) that the student is a qualified person with a disability, and 5) that the documentation supports the requested accommodations. A professional member of Disability Resources will ordinarily have an initial meeting with the student to obtain complete information on the disability and the requested accommodations. If the documentation is incomplete or insufficient to make a determination, the staff member will either request that the student obtain and submit additional documentation or contact the student's health care provider for additional information. The office of Disability Resources may consult with appropriate University and community professionals when considering eligibility and reasonable accommodations. The professional staff of Disability Resources will then determine the student's eligibility and interact with the student as outlined in the following section to determine any necessary and reasonable accommodations.

In order to determine reasonable accommodations, the staff will give consideration to the student's preferred method. However, another suitable method of accommodation may be provided. If a requested accommodation is unreasonable, is an undue burden on the University, poses a direct threat to the student or others, or would result in a fundamental alteration of any University program, Disability Resources will determine a reasonable alternative accommodation(s), if any exists, to accommodate the student.

Policy on Dedicated Book Readers

The University will not purchase, require, recommend or promote use of a dedicated electronic book reader for use by students in its classes, curricula, or other programs unless or until such electronic book reader is fully accessible to individuals with visual impairments or the University provides a reasonable modification for this type of technology to individuals needing such modification due to visual impairments. A dedicated electronic book reader will be considered fully accessible to individuals with visual impairments if all uses of the device that are available to individuals without disabilities are available to individuals with visual impairments in a manner which ensures that its use in the University is equally as effective for individuals with visual impairments as it is for others. A "dedicated electronic book reader" means any wireless, hand-held, electronic book reader marketed as a dedicated device for the express purpose of being used exclusively as an electronic book. "Reasonable modification" means that visually impaired individuals may access and acquire the same information, engage in the same interactions, and enjoy the same services as sighted students with substantially equivalent ease of use.

Arranging Accommodations

Academic accommodations are determined via an interactive process based on the student's requested accommodations, the review by the professional staff of Disability Resources, the documentation from the qualified professional, and the course schedule of the student for the particular semester.

Accommodations are not made retroactively.

In most instances, a memo from the student and a professional staff member from Disability Resources will be provided to the professor or teaching assistant for courses in which accommodations are needed. The memo sets out the classroom accommodations to be made for the student for that semester. No diagnosis is mentioned in the memo to the professor or teaching assistant. The student is responsible for giving the professor or the teaching assistant the memo and using it to initiate a dialogue about implementing the reasonable accommodations. As a result of this dialogue, the student and the professor or teaching assistant will determine reasonable methods for making the accommodation(s). Students are expected to self-advocate during this process; however, the professional staff of Disability Resources is available to assist both the student and the professor or teaching assistant in determining which accommodation method will be used.

Students who are eligible for disability services and who need memos to present to professors to arrange for accommodations must **make an appointment with the office of Disability Resources to develop a plan at the beginning of each semester.**

Students needing non-academic accommodations such as housing modifications, special room assignments or housing releases, handicapped parking, responsive transportation, or other programmatic or physical access should follow the same guidelines for documentation as described above. Once a determination of reasonable accommodations is made, a staff member from Disability Resources will authorize the accommodation other University departments, as appropriate. **Students are responsible for following all required procedures for obtaining services or products from other University Departments** (e.g. completing a housing application, parking application, etc.).

If at any time a student's condition changes, it is the student's responsibility to contact Disability Resources to discuss possible changes to the current accommodations.

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Eligibility and Accommodation Appeal Process

Students who are denied eligibility or who are dissatisfied with an accommodation method may request that the Associate Director of Disability Resources reconsider the decision. The Associate Director or designee will review the student file and any additional documentation provided by the student, and meet with the student if necessary. The Associate Director or designee will issue a reconsideration decision in writing.

If students are still dissatisfied after the Associate Director or designee reconsiders the issue, an appeal may be made to the Office of the Vice President for Inclusion, Diversity and Equal Opportunity, who is the University's designated Section 504 and the Americans with Disabilities Act-Amended Compliance Officer. The Office of the Vice President for Inclusion, Diversity and Equal Opportunity is located in Adelbert Hall, Room 310.

The appeal request should be made within five (5) business days of receipt of notification of denial of eligibility or a decision on an accommodation method. The appeal must be submitted in writing to the Vice President for review and should state the grounds for the appeal.

The review by the Vice President will include meeting with the student, a meeting with the Associate Director of Disability Resources and other members of the Disability Resources staff as appropriate, and a review of the file and supporting documentation. The Vice President may also meet with faculty members and other persons with information about the issue. Based on this review, the Vice President will make a determination in writing, to grant or deny the appeal and/or to refer the matter back to the Associate Director for further consideration consistent with the Vice President's decision. The Vice President's decision will be forwarded to the student and the Associate Director of Disability Resources. The decision of the Vice President is final.

During a pending appeal, the student will be provided with the initial accommodations, if any, determined by the Associate Director.

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Grievance Procedures for Disability Discrimination Complaints

Case Western Reserve University has adopted an internal grievance procedure for handling complaints of discrimination on the basis of disability. Students who feel they have been discriminated against on the basis of disability may contact the Office of the Vice President for Inclusion, Diversity and Equal Opportunity. The Vice President for Inclusion, Diversity and Equal Opportunity, or designee, will investigate student complaints of disability discrimination. In resolving such complaints, the University will use the Informal Grievance Process as outlined in the most current Handbook for Undergraduate Students.

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Confidentiality and Protection of Privacy

All documentation provided to Disability Resources in Educational Services for Students to determine eligibility for disability services and appropriate accommodations is kept confidential. This information is not part of the student's academic file. It will only be shared with other administrators, departments, staff, and faculty who have a legitimate educational interest in the information and require information on academic restrictions, necessary accommodations or safety requirements. In other instances, students will be asked to sign a release of information form when they want information to be shared with other University departments, staff, or faculty. If a student presents documentation to University departments other than ESS, that documentation may be forwarded to Disability Resources in ESS; however, this does not constitute an official disclosure by the student of a disability, and the student must follow the stated process to request disability accommodations. Disability Resources in ESS is the department at Case Western Reserve University responsible for determining eligibility for disability services. It is not necessary for the student to disclose the diagnosis of the disability to any other Case Western Reserve University department, staff, or faculty in order to be accommodated.

For additional information contact:

Susan Sampson, Associate Director of Disability Resources
 Lesley Rogers, Disability Resources Coordinator
 Educational Services for Students
 Sears Building, Room 470
 10900 Euclid Avenue
 Cleveland, Ohio 44106-7062
 Phone: (216) 368 - 5230
 Fax: (216) 368 - 8826

E-mail: disability@case.edu
<http://ess.case.edu/disability>

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Appendix II: Examinee Acknowledgement Forms

Incoming Students are required to sign and submit the following form, part of their Orientation Packet:

WR2 Curriculum Case Western Reserve University School of Medicine Examinee Acknowledgement Form
--

I acknowledge that the curriculum unfolds at specified points in time. Specifically, the learning objectives pertaining to small group cases are revealed at the end of each week's deliberations. I will not seek to obtain the case-specific learning objectives from students who have already completed the curriculum. Looking forward, once I have completed the Year 1 curriculum, I will not provide case-specific learning objectives to first-year students.

I hereby acknowledge that the Summative Synthesis Essay Questions (SSEQ) that I will be taking in the Foundations of Medicine and Health contain test materials that are owned and copyrighted by the Case Western Reserve University School of Medicine.

I hereby also acknowledge that I will be taking test materials that are owned and copyrighted by the National Board of Medical Examiners.

I acknowledge that any reproduction of these materials, or any part of them, through any means, including, but not limited to, photocopying, downloading, and reconstruction through memorization, or dictation, and/or dissemination of these materials or any part of them, is strictly prohibited.

I further acknowledge that I will not retain, copy, or distribute any part of these secure examinations.

Name: _____

Signature: _____ Date: _____

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Appendix III: Licensure Considerations

Relationship to Licensure

The degree of Doctor of Medicine awarded by Case Western Reserve University is an academic degree and does not provide a legal basis for the practice of medicine. Licensure to practice medicine in the United States and its territories is a privilege granted by the individual licensing authorities of the states and territories. The licensing authority of each individual jurisdiction establishes its policies, eligibility, and requirements for the practice of medicine within its boundaries pursuant to statutory and regulatory provisions. It is the responsibility of each graduate to meet the requirements of the specific state or territory in which they may wish to practice medicine and make certain that their individualized course of study meets the academic requirements of that jurisdiction.

Special Rule for Ohio Licensure (MSTP students take special note)

Current Ohio regulations for receiving an Ohio license to practice medicine include the passage of USMLE Steps 1, 2, and 3 exams **within a seven year period**. A limited exception to this rule may be granted by the Ohio State Medical Board to applicants in MD/PhD programs. The doctoral degree must be in

a field of biological sciences tested in the Step 1 content. These fields include, but are not necessarily limited to anatomy, biochemistry, physiology, microbiology, pharmacology, genetics, neuroscience, and molecular biology. Fields not excepted include, but are not necessarily limited to, business, economics, ethics, history and other fields not directly related to biological science. A limited exception to this rule may also be granted to an applicant who suffered from a significant health condition which by its severity would necessarily cause a delay to the applicant's medical study. Regardless, all three steps must have been passed within a ten year period. The regulations make no provision for an exception to the ten year rule.

MSTP students taking more than 3 years to complete their PhD work and who wish to practice in Ohio may need to request an exception to the Ohio 7-year rule. They should also note that almost all states have some regulations regarding the time period within which USMLE exams must be passed. While the 7-year rule is the most common, it is not universal, and states also differ in the exceptions they are willing to make. MSTP students should learn the rules applicable in the state in which they plan to practice initially and may consult with the [MSTP program office](#) for advice and assistance.

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- AIDS
- AIDS- related complex
- Amebiasis
- Campylobacter
- Chicken Pox
- Cholera
- Conjunctivitis, acute
- Diphtheria
- Giardiasis

- Hepatitis A
- Hepatitis B
- Hepatitis unspecified, C, D, E
- Herpes (skin lesions)
- HIV
- Leprosy
- Listeriosis
- Malaria
- Measles
- Meningococcal Disease
- Meningitis, aseptic
- Meningitis, other bacterial
- Mumps
- Mycobacterial Disease
- Tuberculosis
- Pertussis
- Poliomyelitis
- Rabies
- Rubella (including congenital rubella syndrome)
- Salmonellosis
- Scabies
- Shigellosis
- Smallpox
- Staphylococcal skin infections
- Streptococcal Infection
- Syphilis
- Typhoid fever
- Yersiniosis


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Appendix V: Ohio Department of Health: Diseases to be Reported

3701-3-02 Diseases to be reported.

The diseases listed in this rule and classified as "Class A", "Class B", and "Class C" are declared to be dangerous to the public health and are reportable. The occurrence of cases or suspected cases of a disease classified as "Class A", "Class B", or "Class C" shall be reported to the board of health on forms as prescribed and provided by the director and shall be reported in accordance with this rule and Chapter 3701-3 of the Administrative Code.

A The following diseases are classified as "Class A":

1. Diseases of major public health concern because of the severity of disease or potential for epidemic spread
 - a. Anthrax
 - b. Botulism, foodborne, other botulism as set forth in paragraph (A)(3) of this rule;
 - c. Cholera;

- d. Diphtheria;
 - e. Measles;
 - f. Meningococcal disease;
 - g. Plague;
 - h. Rabies, human;
 - i. Rubella (not congenital);
 - j. Severe acute respiratory syndrome (SARS)
 - k. Smallpox;
 - l. Tularemia
 - m. Viral hemorrhagic fever (VHF);
 - n. Yellow fever; and
 - o. Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.
2. Diseases of public health concern needing timely response because of potential for epidemic spread:
- a. Arboviral neuroinvasive and non-neuroinvasive disease
 - i. Eastern equine encephalitis virus disease;
 - ii. LaCrosse virus disease (other California serogroup virus disease);
 - iii. Powassan virus disease;
 - iv. St. Louis encephalitis virus disease;
 - v. West Nile virus disease (also current infection);
 - vi. Western equine encephalitis virus disease;
 - vii. Other arthropod-borne disease;
 - b. Chancroid;
 - c. Cyclosporiasis;
 - d. Coccidioidomycosis
 - e. Dengue;
 - f. E. coli O157:H7 and other enterohemorrhagic (Shiga toxin-producing) E. coli;
 - g. Foodborne disease outbreaks;
 - h. Granuloma inguinale;
 - i. Haemophilus influenzae (invasive disease);
 - j. Hantavirus;
 - k. Hemolytic uremic syndrome (HUS);
 - l. Hepatitis A, other hepatitis as set forth in paragraph (A)(3) of this rule;
 - m. Hepatitis B, perinatal; Hepatitis B, non-perinatal, see A(3);
 - n. Influenza-associated pediatric mortality
 - o. Legionnaires' disease;
 - p. Listeriosis;
 - q. Lymphogranuloma venereum;
 - r. Malaria;
 - s. Meningitis, aseptic, including viral meningoencephalitis, other meningitis as set forth in paragraph (A)(3) of this rule;
 - t. Mumps;
 - u. Pertussis;
 - v. Poliomyelitis (including vaccine-associated cases);
 - w. Psittacosis;
 - x. Q fever;
 - y. Rubella (congenital);
 - z. Salmonellosis;
 - aa. Shigellosis;
 - ab. Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA);
 - ac. Syphilis;
 - ad. Tetanus;
 - ae. Tuberculosis (TB), including multi-drug resistant tuberculosis (MDRTB);
 - af. Typhoid fever; and
 - ag. Waterborne disease outbreaks.
3. Diseases of significant public health concern:
- a. Amebiasis;
 - b. Botulism, other botulism as set forth in paragraph (A)(1) of this rule;
 - i. Wound;
 - ii. Infant;
 - c. Brucellosis;

- d. Campylobacteriosis;
- e. Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis and pneumonia);
- f. Creutzfeldt-Jakob disease (CJD);
- g. Cryptosporidiosis;
- h. Cytomegalovirus (CMV)(congenital);
- i. Ehrlichiosis;
- j. Encephalitis, except as set forth in paragraph (A)(2) of this rule;
- k. Other viral;
- l. Post-infection;
- m. Giardiasis;
- n. Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis and neonatal conjunctivitis);
- o. Hepatitis B; Hepatitis B, perinatal, see A(2);
- p. Hepatitis C;
- q. Hepatitis D (delta hepatitis);
- r. Hepatitis E;
- s. Herpes (congenital);
- t. Kawasaki disease (mucocutaneous lymph node syndrome);
- u. Leprosy (Hansen Disease);
- v. Leptospirosis;
- w. Lyme disease;
- x. Meningitis, including other bacterial, other meningitis as set forth in paragraph (A)(2) of this rule;
- y. Mycobacterial disease, other than tuberculosis;
- z. Reye syndrome;
- aa. Rheumatic fever;
- ab. Rocky Mountain spotted fever (RMSF);
- ac. Streptococcal disease, group A, invasive (IGAS);
- ad. Streptococcal disease, group B, in newborn;
- ae. Streptococcal toxic shock syndrome (STSS);
- af. Streptococcus pneumoniae, invasive disease (ISP);
- ag. Toxic shock syndrome (TSS);
- ah. Toxoplasmosis (congenital);
- ai. Trichinosis;
- aj. Typhus fever;
- ak. Varicella;
- al. Vibriosis; and
- am. Yersiniosis.

B The following disease is classified as "Class B":

- 1. Influenza

C The following diseases are classified as "Class C":

- 1. Blastomycosis;
- 2. Conjunctivitis, acute;
- 3. Histoplasmosis;
- 4. Nosocomial infections of any type;
- 5. Pediculosis;
- 6. Scabies;
- 7. Sporotrichosis;
- 8. Staphylococcal skin infections;
- 9. Toxoplasmosis; and
- 10. Outbreak, unusual incidence, or epidemic of other infectious diseases of known etiology not categorized as Class A, Class B, or Class C.

Effective: 01/01/2006

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Appendix VII: Core Competencies

Core Competencies and Milestones

The curriculum of the University Program at the Case Western Reserve University School of Medicine is based on nine core competencies. The following competencies and milestones describe the knowledge, skills and behaviors a student must demonstrate to qualify for an MD degree in the WR2 curriculum.

Professionalism

- Consistently demonstrates ethical, honest, responsible and reliable behavior.
- Identifies challenges to professionalism and develops a strategy to maintain professional behaviors when adherence to professional standards is threatened in the clinical and/or research settings.
- Engages in respectful dialogue with peers, faculty and patients, to enhance learning and resolve differences.
- Recognizes personal limitations and biases and finds ways to overcome them.

Teamwork and Leadership

- Based on self-reflection and feedback, makes personal adaptations in an attempt to learn more effectively as a part of a clinical and/or research team.
- Provides specific and balanced feedback when participating in clinical, research or teaching teams.
- As a member of a clinical team, takes on substantial responsibility for the success of the learning encounter and the team's delivery of patient care.
- Identifies examples of the impact of inter-professional team functioning on safety and quality of care.

Reflective Practice / Practice-based Learning & Improvement

- Engages in ongoing reflection to identify opportunities for learning. Uses constructive feedback when making changes in behavior.
- Routinely uses quality improvement methods (e.g., PLPs) to develop and implement specific action plans to help prioritize learning needs and effectively accomplish self-learning goals.
- Reflects on personal learning strategies to identify strengths, deficiencies, and limits in one's knowledge, skills and attitudes; develops an action plan to change.
- Identifies and critically analyzes relevant literature and practice-based guidelines to apply best evidence in patient care and management.

Communication

- Effectively shares knowledge and uncertainties with peers, faculty, and health care professionals in classroom, research, and patient care settings.
- Uses active listening to gain new insights about individuals, the doctor patient relationship, and oneself.
- Demonstrates effective communications skills with culturally diverse patients and families under a broad range of medical and emotional circumstances.
- Engages in effective oral and written communication of medical information in a variety of health care settings.

Medical Knowledge

- Demonstrates the habit of selecting appropriate resources to learn more about patient presentations and treatment options.
- Uses current and emerging knowledge of biological and non-biological determinants of health and disease to identify and solve problems in the medical care setting.
- Applies knowledge from a known situation to an unknown situation.
- Routinely identifies gaps in knowledge and addresses them by implementing plans for improvement.

Patient Care

- Proficiently takes a clinical history; performs mental status and physical examinations; justifies and interprets choice of clinical tests and imaging.
- Attempts to diagnose clinical problems and explains the clinical reasoning for prioritizing the possibilities in the differential diagnosis.
- Incorporates diagnostic, therapeutic, and prognostic uncertainty in clinical decision making and patient care discussions.
- Participates in evidence-based patient management through research and use of preventive, curative, and palliative strategies.
- Maintains a patient centered approach in all aspects of the clinical encounter.

Research and Scholarship

- Reads and critically appraises a broad range of research papers within a field of interest.
- Formulates a research question and develops an approach to answering it.
- Analyzes research findings and their significance to the field of interest.
- Defines translational research and discusses examples of patient care when diagnostic or therapeutic interventions arising from translational research were used to treat or prevent disease.
- Adheres to responsible practices and ethical behaviors when conducting research.

Population Health / Civic Professionalism

- Applies primary and secondary prevention strategies that improve the health of individuals, and populations.
- Demonstrates the ability to design a community based health improvement intervention identifying community assets and resources to improve the health of individuals and populations.
- Integrates emerging information on individuals' biologic and genetic risk with population-level factors when deciding upon prevention and treatment options.
- Considers ethical and legal perspectives, patient advocacy, health policy and public health concerns in clinical care.

Systems-based Practice

- Identifies the impact of the specific health care delivery system on one's clinical decision making.
- Uses a Root Cause Analysis to study errors within the healthcare system and propose changes to prevent similar errors.
- Considers economic and cultural factors, individual and family contributions and the availability of health care system resources in clinical decision making.
- Applies quality improvement methods in the care of a patient to develop a plan to address specific behavior change.
- Accesses, critically appraises and utilizes biomedical information for making decisions that are relevant to the care of individuals and populations.

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Acknowledgements

The following individuals are gratefully acknowledged for their efforts in producing the **SOM Student Handbook**:

Published and maintained by:

The Office of Student Affairs and the Academic Societies

Charles Kent Smith, MD, Senior Associate Dean for Students
 Robert L. Haynie, MD, PhD, Associate Dean for Student Affairs
 Lynda G. Montgomery, MD, MEd, Assistant Dean for Student Societies
 Steven A. Ricanati, MD, Assistant Dean for Student Societies
 Una Surace, Coordinator, Office of Student Affairs and the Academic Societies

Additional Contributors:

Patricia Thomas, MD, FACP, Vice Dean for Medical Education
 Siu Yan Scott, MNO, LSW, School of Medicine Registrar
 Minoo Darvish, MEd, Executive Director, Office of Curricular Affairs
 Megan McNamara, MD, MSc, Director of Student Assessment
 Jennifer Lennon, Assistant Director of Student Assessment
 Amy Wilson-Delfosse, PhD, Assistant Dean for Basic Science Education
 Susan Padrino, MD, Assistant Dean for Clinical Sciences
 Deidre Gruning, Administrative Director, Foundations of Clinical Medicine
 Peter Poulos, JD, Senior Counsel, Office of General Counsel

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